MATERNAL OBESITY AND PREGNANCY OUTCOME

Dissertation submitted to

THE TAMILNADU DR. M.G.R. MEDICAL UNIVERSITY

In partial fulfillment of the regulations

For the award of the degree of

M.D. BRANCH-II

OBSTETRICS AND GYNAECOLOGY

MADRAS MEDICAL COLLEGE

CHENNAI

APRIL 2013

CERTIFICATE

This is to certify that the dissertation entitled "**MATERNAL OBESITY AND PREGNANCY OUTCOME AT ISO-KGH"** is a bonafide work done by **Dr.S.TERESA KARPAGASELVI** in the Institute of Social Obstetrics, Govt. Kasturba Gandhi hospital (Madras Medical College) Triplicane, Chennai in partial fulfillment of the university rules and regulations for award of MD degree in Obstetrics and Gynaecology under my guidance and supervision during the academic year 2008-2013.

Prof.DR.V.KANAGASABAI,M.D
DEAN,
Madras Medical College,
RajivGandhiGovt.generalhospital
Madras medical college,
Chennai- 3

Prof. DR.DILSHATH..M.D., DGO.
Director and Superintendent
Institute of SOCIAL Obstetrics,
Govt. Kasturba Gandhi hospital for women and children.
Madras medical college,
Chennai–3

Prof. DR.N.BAGYALAKSHMI,M.D., DGO.
Guide,
Instituteof Social Obstetrics,
Govt. Kasturba Gandhi hospital for women and children,
Madras medical college,
Chennai-3

DECLARATION

I solemnly declare that this dissertation entitled **"MATERNAL OBESITY AND PREGNANCY OUTCOME"** was done by me at The Institute Of Social Obstetrics, Govt. Kasturba Gandhi Hospital, Madras Medical College during 2008 -2013 under the guidance and supervision of, **Prof.Dr.BAGYALAKSHMI MD., DGO.** This dissertation is submitted to the Tamil Nadu Dr. M.G.R. Medical University towards the partial fulfillment of requirements for the award of M.D. Degree in Obstetrics and Gynaecology (Branch-II).

Place:Chennai-3

Signature of Candidate

Date

Dr.S.TERESA KARPAGA SELVI, M.B.B.S
M.D. Post Graduate Student
Institute of Social Obstetrics,
Govt. Kasturba Gandhi Hospital
Madras Medical College,
Chennai – 3.

Prof. DR.N.BAGYALAKSHMI, M.D., DGO.
Guide,
Institute of Social Obstetrics,
Govt. Kasturba Gandhi Hospital
Madras Medical College,
Chennai – 3.

ACKNOWLEDGEMENT

I extend my gratitude to the **Dean Prof Dr.V. KANAGASABAI M.D.** Madras Medical College, Chennai, for his kind permission to do this dissertation and to use the hospital resources for this study.

I am extremely thankful and grateful to my respected **Director Prof Dr. S.DILSHATH M.D., D.G.O.** Institute of Social Obstetrics and Government Kasturba Gandhi Hospital, Chennai for providing with the necessary facilities to carry out this study and her continuous support and guidance.

I am grateful and greatly indebted to **Retd. Prof . Dr.S. RATHNA KUMAR M.D., D.G.O**. Institute of Social obstetrics and Government Kasturba Gandhi Hospital, Chennai for his able guidance.

I am grateful and greatly indebted to **Prof . Dr. N. BAGYALAKSHMI M.D., D.G.O**. Institute of Social obstetrics and Government Kasturba Gandhi Hospital, Chennai for his able guidance.

I extend my profound gratitude to all unit Chiefs, Registrar, Assistant Professors for their boundless affection and support for my study.

I am ever grateful for all the pregnant women who participated in this study without whom this study would not have been possible.

I thank **Mr. RAVANAN**, statistician, who helped me for statistical analysis.

I thank my family & friends for their inspiration & support given to me.

INSTITUTIONAL ETHICS COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI -3

Telephone No: 04425305301
Fax : 04425363970

CERTIFICATE OF APPROVAL

To
Dr. Tresa Karpaga Selvi
PG in MD Obstetrics & Gynaecology
KGH / Madras Medical College, Ch-3

Dear Dr. Tresa Karpaga Selvi

The Institutional Ethics Committee of Madras Medical College reviewed and discussed your application for approval of the proposal entitled " Maternal obesity and pregnancy outcome" No. 11022012.

The following members of Ethics Committee were present in the meeting held on 22.02.2012 conducted at Madras Medical College, Chennai -3.

1.	Dr. S.K. Rajan, MD.FRCP.DSc	-- Chairperson
2.	Prof. Pregna. B. Dolia MD Vice Principal , Madras Medical College, Chennai -3	-- Member Secretary
3.	Prof. Md Ali. MD DM Prof & HOD, Dept. of MGE, MMC, Chennai -3	-- Member
4.	Prof Vasanthi MD Prof of Pharmacology, MMC, Ch-3	-- Member
5.	Prof. E. Dhandapani, MD Prof of Internal Medicine, MMC, Ch-3	-- Member
6.	Thiru. S. Govindasamy . BA.BL	-- Lawyer
7.	Tmt. Arnold Soulina MA , MSW	-- Social Scientist

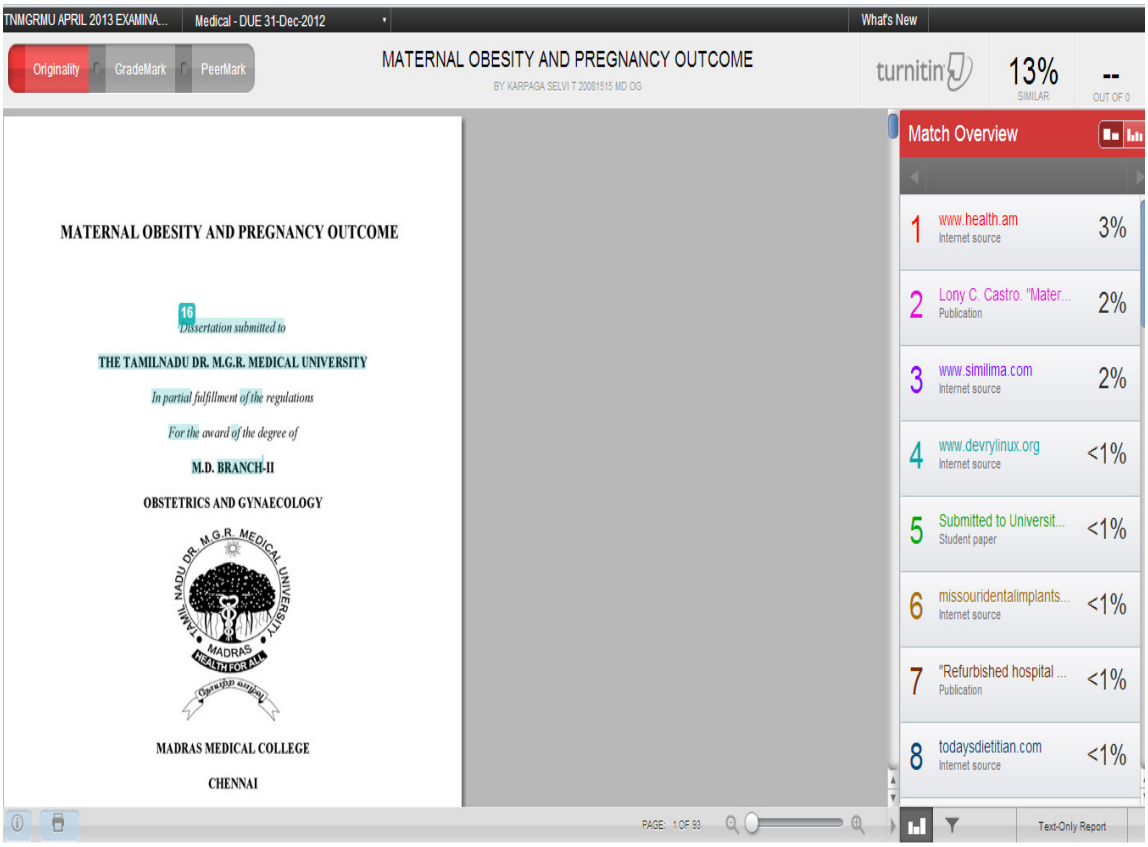
We approve the proposal to be conducted in its presented form

Sd /. Chairman & Other Members

The Institutional Ethics Committee expects to be informed about the progress of the study, any SAE occurring in the course of the study, any changes in the protocol and patient information / informed consent and asks to be provided a copy of the final report

Member Secretary, Ethics Committee

PLAGIARISM REPORT



CONTENTS

Sl. No	Title	Page No
1	Introduction	1
2	Review of Literature	2
3	Aim and objectives	20
4	Materials and Methods	21
5	Results and Analysis	24
6	Discussion	60
7	Summary	66
8	Conclusion	70
9	Bibliography	72
10	Annexures	
11	Master Chart	

INTRODUCTION

Obesity has become a major health problem all over the world in endemic proportion .Now a day's obesity affects all the age groups in both men and women. Obesity related diseases such as diabetesmellitus; hypertension, heart disease, stroke**,**and arthritisultimately decrease the life span of the individual.

Obesity in female population has major impact onpregnancy. The rate of obesity in pregnant women is rising and consequently obesity related problems.

The pregnancy complication associated with maternal obesity are divided in to two groups,

1. Affectsprimarily the mother.
2. Affects primarily fetus, newborn or the developing fetus.

REVIEW OF LITERATURE

OBESITY

DEFINITION

Obesity is a state of excess adipose tissue mass. Adipose tissue is composed of lipid storing adipose cells. Adipose mass increases by enlargement of adipose cell as well as by an increase in number of adipocytes.

METHODS TO GAUGE OBESITY

There are number of system to classify obesity .The BODY MASS INDEX is also known as QUETLET'S INDEX. BMI is calculated as weight in kilograms divided by height in square meters.

BMI =$\frac{\text{weight in kg}}{\text{Height in m}^2}$

CLASSIFICATION according to BMI.

According to National Heart, Lung & Blood Institute (1998),

Underweight BMI= <18.5 Kg/m^2

Normal BMI =18.5 to 24.9 Kg/m^2

Overweight BMI= 25 to 29.9 Kg/m^2

Obesity BMI $\geq$ 30 Kg/m^2.

According to Friedman and colleagues (2002), obesity is further categorized into,

CLASS I BMI 30 to 34.9 Kg/m^2 (high risk).

CLASS II BMI 35 to 39.9 Kg/m^2 (very high risk).

CLASS III BMI $\geq$ 40 Kg/m^2 (morbid obese).

Other approaches to quantify obesity include,

1.Anthropometry (skin fold thickness).

2.Densitometry (under water weighing).

3.CT or MRI & Electrical impedance.

WAIST-TO-HIP RATIO.

The most important complication of obesity are insulin resistance, diabetes, hypertension, hyperlipidemia, and hyperandrogenism .Obesity in women is linked more strongly to intraabdominal and or upper part of body, than to overall obesity. Specifically, intra abdominal and abdominal subcutaneous fat i.e., APPLE SHAPE has more significance than fat around hip and buttocks i.e., PEAR SHAPE.

This can be easily measured by waist-to-hip ratio, with a ratio > 0.9 in women and >1.0 in menbeing abnormal. And also waist circumference >88cm, is more predictive of hypertension than a BMI $\geq$ 30 Kg/m^2.

PREVALANCE

In 2005, approximately 1.6 billion adults were overweight and at least 400 million adults were obese and 22% of adults were obese all over the world. By 2000, about 34% of adults in US were overweight, and 27% were obese. This is a 75% increase when compared with 1980 statics by Pies and colleagues (2003). Mokdad and associates (2003) reported that 2.8% of women and 1.7% of men are extremely obese class III with the BMI of 40 kg/m^2.

PREVALANCE IN INDIA

The NFHS 2006, 10% of Indian population were either overweight or obese. About 30 million Indians are obese and around 20% of school isoverweight. According to NFHS percentage of married women in age 15 to 49, are overweight or obese increasing from 11% by NFHS 2 to 15% by NFHS 3. Obesity is 3 times more prevalent in urban areas than rural areas. More than one third of obesity is in higher income group.

PHYSIOLOGY REGULATION OF ENERGY BALANCES.

Body weight is regulated by both endocrine and neural components that influence the effector arms of energy intake and expenditure.

In weight loss, appetite increases and energy expenditure falls. With over feeding, appetite falls and energy expenditure increases. In obesity, the latter part fails. When food is abundant and physical activity is limited the outcome is obesity.

LEPTIN

- Adipocyte derived hormone.
- Major regulator of adaptive responses in weight loss and weight gain.
- Acts mainly on brain predominantly in hypothalamus.
- To influence appetite,energy expenditure and neuroendocrine function.
- When leptin level increases, food intake decreases & energy expenditure increases and, when leptin level decreases, food intake increases & energy expenditure decrease.

HORMONES

Leptin, insulin, cortisol and gut peptides.

ENERGY EXPENDITURE

1. Resting or basal metabolic rate (70%).
2. Energy cost of metabolizing & storing food.
3. Thermic effect of exercise (5-10%).
4. Adaptive thermogenesis.

PATHOPHYSIOLOGY

- There is a sensing system in adipose tissue that reflects fat stores, in the hypothalamus by a receptor “ADIPOSTAT”.When fat store is depleted, adipostat signal is low and the hypothalamus stimulateshunger & decreases energy expenditure to conserve energy. Conversely, when fat stores are

abundant, the signal is increased and the hypothalamus responds by decreasing hunger and increasing energy expenditure.

- Obese people have increased leptin levels not due to mutation in gene but due to leptin resistance.

ETIOLOGY OF OBESITY

A chronic excess of nutrient intake relative to the level of energy expenditure

ROLE OF GENES VERSUS ENVIRONMENT

- Obesity commonly runs in families. The inheritance is usually not Mendalian.
- Environment also plays a key role; famine prevents obesity even in most obesity prone individual.
- Cultural factorsare also important.
- High fat diet & simple carbohydrate promote obesity.

OTHER SYNDROMES ASSOCIATED WITH OBESITY

- ❖ Cushing syndrome.
- ❖ Hypothyroidism.
- ❖ Insulinoma.
- ❖ Craniopharyngioma.

CONSEQUENCES OF OBESITY IN GENERAL

1. **Metabolic syndrome.**

   Onset of insulin resistance causes type 2 diabetes mellitus. Type 2 diabetes, dyslipidemia and hypertension clustered with other subclinical abnormalities, are referred to as the "metabolic syndrome"[65]. Hyperinsulinemia and insulin resistance are pervasive features of obesity, increases weight gain and decreases weight loss. Onset of Diabetes requires an interaction between Obesity-induced insulin resistance and impaired insulin secretion

2. **Cardiovascular disease**

   Heart disease due to obesity "ADIPOSITAS CORDIS"- is caused by hypertension, hypervolemia, and dyslipidemia. Higher rates of left ventricular dysfunction, heart failure, myocardial infarction, and stroke have been noted[14]. Excessive weight is associated with increased early mortality rates.

LONG TERM COMPLICATION OF OBESITY (WILLIAMS 23RD EDITION)

DISORDER	POSSIBLE CAUSES
Type 2 diabetes mellitus	Insulin resistance
Hypertension	Increased blood volume and cardiac output
Coronary heart disease	Hypertension, Dyslipidemia, Type 2 diabetesmellitus
Obesity cardiomyopathy	Eccentric left ventricular hypertrophy
Sleep apnea/ pulmonary dysfunction	Pharyngeal fat deposition
Ischemic stroke	Atherosclerosis, decreased cerebral Blood flow
Gall bladder disease	Hyperlipidemia
Liver disease- nonalcoholicsteatohepatitis (NASH)	Increased visceral adiposity; elevated serum free fatty acids; hyperinsulinemia
Osteoarthritis	Stress on weight bearing joints
Subfertility	Hyperinsulinemia
Cancer- endometrium, colon and breast	Hyperestrogenemia
Carpal tunnel syndrome	
Deep venous thrombosis	
Poor wound healing	

ADOLESCENCE

PCOS

Obesity occurs in more than 50% of patients with PCOS. The body fat is usually deposited centrally (android obesity), and a higher waist-to-hip ratio is associated with insulin resistance indicating an increased risk of diabetes mellitus and cardio vascular disease. Insulin resistance resulting in hyperinsulinemia is commonly exhibited in PCOS. About one –third of obese PCOS have impaired glucose tolerance (IGT), and 7.5% to 10% have type 2 diabetes mellitus. Abnormal lipoproteins are common in PCOS.

SUBFERTILITY

Obesity is associated with subfertility due to increased insulin resistance. Impaired fecundity is linked with women of BMI >30mg/m^2 (Neill and Nelson Piercy 2001).

PREGNANCY

MISCARRIAGE

Obesity is associated with increased risk of first-trimester and recurrent miscarriage. Bellver and associates (2009) found that implantation; pregnancy and live-birth rates were progressively and significantly reduced with each unit of maternal BMI. Obese pregnant women have increased use of health services[37]. Morbid obesity is harmful to the pregnant women and her fetus[15].

PREECLAMPSIA

Obesity is a consistent risk factor for preeclampsia. Its risk is doubled with each 5 to 7 kg/m^2 increase in prepregnancy BMI[45]. Obesity is associated with low grade inflammation and endothelial activation. Endothelial activation also plays an integral role in preeclampsia[62].

Obese patients have significantly elevated serum levels of interleukin-6 and C- reactive protein as well as evidence of impaired endothelial function[49]. Obese gravid women have significantly higher levels of triglycerides, very-low-density lipoprotein, cholesterol, insulin and leptin compared with normal- weight pregnant woman.

Cedergren, (2004); Jensen (2003); Sebire, (2001); Weiss, (2004) and all their colleagues found that obesity is a consistent risk factor for preeclampsia. Cunningham and associates, (1986) found obesity and hypertension are common cofactors in causing peripartum heart failure.

GESTATIONAL DIABETES

Obesity is associated with marked increase in gestational hypertension and diabetes. Pregestational diabetes increases the rate of birth defects, and gestational diabetes is complicated by excessive number of large-for-gestational age and macrosomic fetuses[60].

Obesity is a risk factor for carbohydrate intolerance both in pregnant and nonpregnant women. The fasting and post-prandial plasma insulin has been shown to be higher in obese pregnant women when compared to non obese. In overweight

women with a BMI with 25-30, the incidence of gestational diabetes is 1.8-6.5 times and in those with a BMI >30, 1.4-20 times greater than the controls.

Weiss and associates (2004) – FASTER (First and second Trimester Evaluation of Risk trial) showed marked increases in gestational hypertension and diabetes in class 1 and class 2 obesity. Cedergren, (2004); Jensen (2003); Sebire, (2001) and all their colleagues found that obesity is a consistent risk factor for preeclampsia.

RESPIRATORY COMPLICATION

Obesity decreases chest wall compliance and increases airway resistance and work of breathing. A decrease in forced vital capacity and forced expiratory volume at one second in noted in obese individuals during respiratory studies compared to normal weight women[42]. Recent sleep a study shows that increased rates of snoring and sleep related apnea and hypoapnea in obese pregnant woman[58].

INFECTION

There are some suggestions for increased urinary tract infection in obese pregnant women[53].

MALPRESENTATION

Malpresentation like breech is more common in obese women and is not only difficult to detect but also difficult to correct by external version. Ultrasonography may be necessary to confirm the presentation, exclude multiple pregnancy and monitor the fetal growth rate. Kinoshita and Itoh (2006) found using

ultrasonographythat during the third trimester fat deposition were predominantly in visceral fat

LABOUR

Labour is no better favored by obesity. The need for induction is higher because of hypertension, pre-eclampsia, diabetes or postdatism, and labour is often tiresomely inert and incoordinate. Minor degrees of disproportion may only declare themselves by unsatisfactory labour.

The need for operative delivery both by forceps and Caesarean section is about doubled. Primary Caesarean section is most commonly done for CPD. Haeri and co-workers (2009) also found increased rates of cesarean delivery and gestation diabetes in obese adolescents. Lynch and associates, 2008, Poobalan and colleagues, 2009 reported increased rates of emergency cesarean delivery in obese women.

Asbee and associates (2009) randomized 100 women to receive either additional intensive dietary or lifestyle counseling during gestation or to receive routine prenatal care. Women assigned to routine prenatal care had significantly more weight gain during pregnancy and highest cesarean delivery rates.

ANESTHETIC COMPLICATION

Obese women present anesthesia challenges that include difficult epidural and spinal analgesia placement and complications from failed or difficult incubations[29]. Regional anesthesia is to be preferred to general anesthesia.

POSTPARTUM COMPLICATIONS

WOUND INFECTION

In obesity post operative wound infection are common[6, 53].The Pfannenstiel incision is advantageous in obese women from the point of recovery, although it may not be a comfortable incision for delivering a large baby. Wall and colleagues (2003) reported a fourfold increase in wound complication rate when a vertical abdominal incision was compared with a transverse incision.

Subcutaneous closure in wound thickness > 2 cm resulted in6% decrease in wound disruption[13]. There is a 2 to 3 fold increased risk of infection in overweight after caesarean delivery whether it is a primary or secondary caesarean delivery[64].

POSTPARTUM HAEMORRHAGE

Postpartum hemorrhage is also more common because of the delivery of macrosomic babies. Obese women had a 70% increase in PPH; though it is difficult to quantify blood loss there is a definite need for blood transfusion[6]. Postoperative complications are more common, veins are less accessible for transfusion and the duration of hospital stay is longer.

LACTATION

Li and colleagues (2003) found that obese women are less likely to breast feed than normal weight women. They also have greater weight retention in one year after delivery (Catalano 2007). Excess weight gain during pregnancy is difficult to shed in postpartum period, and it is an additional contributing factor to obesity in parous women.

THROMBOEMBOLISM

Pregnancy results in venous stasis and activation of clotting system, putting pregnant women at risk of thromboembolic disease. Obesity is qualitatively considered to place a pregnant woman in a "moderate risk" group in terms of thromboembolic events, especially if she undergoes cesarean section[19]. Deep vein thrombosis and pulmonary embolus causes morbidity &mortality and perioperative prophylaxis is indicated.

POSTPARTUM DEPRESSION

Lacoursiere and Varner (2009) found that postpartum depression was significantly increased in obese women and also relation to the degree of obesity CLASS I (22.6%), CLASS II (32.4%) and CLASS III (40%).

CONTRACEPTION

Women with weight more than 70.5 kg on oral contraceptives havemore failure rate and pregnancy increased by 1.6 fold by Holt and colleagues (2009).

PERINATAL MORTALITY

An increased incidence of late-pregnancy stillbirths has been associated with obesity. A significant 1.6-fold increase in the stillbirth rate [16]was noted in women with a BMI of 25 to 29.9 kg/m^2 and the rate increased 2.6-fold for women with a BMI $\geq$30kg/m^2. Compared with normal weight women, the fetal death rate among obese women increased with gestational age. The hazard ratio was 2.1 at 28 to 36 weeks, 3.5 at 37 to 39 weeks, and 4.6 at 40 or more weeks[44]. The stillbirth rate was 240% greater in obese compared with normal-weight women.

CONGENITAL ANOMALIES

In 2000, Women with a BMI > 30kg/m^2 had a twofold increase incidence of neural tube defects compared with that of control women[56]. In 2008, it was 1.2-, 1.7-, and 3.1-fold increased risk in overweight, obese, and severely obese women compared to controls of normal weight[50]. A two-to threefold increased incidence in omphalocele, heart defects and multiple anomalies was also noted in obese women.

MACROSOMIA

Pregestational diabetes is complicated by excessive number of large –for-gestational age and macrosomic fetuses. Even without diabetes, the prevalence of macrosomic newborns is increased in obese women[6, 10, and 37]. The prepregnancy BMI exhibits the strongest influence on the prevalence of these neonates[9, 22, 54].

CHILDHOOD OBESITY

Maternal obesity is linked with increased childhood obesity in a linear association[4]. Breast feeding decreases the risk of childhood obesity. Catalano and colleagues (2005) studied offspring at a median age of 7 and found a direct association with maternal prepregnancy obesity and childhood obesity.

MANAGEMENT

- A program of weight reduction is not possible during pregnancy. If such regimen is chosen, it is mandatory that the quality of diet be monitored closely and ketosis should be avoided. Obese and overweight women should limit weight gain to 15 pounds.
- Advise screening of all obese pregnant women for diabetes at first visit to hospital. If negative then at 26 weeks of gestation to rule out gestational diabetes. This is not indicated where universal screening for gestational diabetes mellitus is practiced.
- Closely monitor for preeclampsia, with appropriately sized blood pressure cuff.

- Standard screening tests for fetal anomalies at 18 to 22 weeks.
- Accurate assessment of fetal growth usually requires serial sonography.
- Antepartum and intrapartum fetal heart rate monitoring is difficult and even impossible.
- Strongly consider caesarean delivery if the estimated fetal weight is >4.5 Kg in an obese woman with diabetes, and when estimated fetal weight is 5 Kg for obese woman without diabetes.
- Obese women undergoing caesarean section should receive prophylactic antibiotics and thromboembolic prophylaxis.
- Graduated compression stockings, hydration, and early mobilization are recommended in obese women after caesarean delivery[2].
- Encourage the mother to breastfeed; it not only benefits the baby but also enhances postpartum weight loss and decrease the likelihood of developing childhood obesity.
- Reinforce the need for continued healthy patterns of eating and physical activity so that optimal weight can be attained in the postpartum period.
- Women who had gestational diabetes should also undergo a 75g oral glucose tolerance test and to measure BP at 6 weeks postpartum.

The 1990 Institute of Medicine recommended total gestational weight gain ranges for pregnant women by the prepregnancy BMI.

CATEGORY	BODY MASS INDEX	KILOGRAMS	POUNDS
Underweight	< 18.5 Kg/m^2	12.5 to 18	28 to 40
Normal	18.5 to 24.9 Kg/m^2	11.5 to 16	25 to 35
Overweight	25 to 29.9 Kg/m^2	7 to 11.5	15 to 25
Obese	>30 Kg/m^2	5 to 9.1	11 to 20

Cogswell and associates (2006) reviewed gestational weight gain across BMI categories from 1990 through 2003. They reported that one third of pregnant women gained weight within the IOM recommendations.

PREGNANCY FOLLOWING BARIATRIC SURGERY

There is an improved fertility and reduced risks of obstetrical complication following bariatric surgery compared with morbidly obese controls[25].Many women become pregnant following weight reduction surgery[1]. The three procedures commonly performed currently are,

1. Verticalgastroplasty.
2. Gastric banding and,
3. Roux-en-Y gastricbypass.

In a comparative study of pregnancy outcome in women who had undergone bypass with previous pregnancy outcome of same women, had a

dramatic reduction in hypertension- 40 versus 0%, diabetes- 24 versus 0% and baby weight >4kg-30 versus 5%[61].

Moore and colleagues (2004) and Wax and associates did not report any serious complications with, Roux-en-Y gastricbypasssurgery but there were cases of intussusception, and at least one maternal death from herniation and obstruction.

AIM AND OBJECTIVES

The aim of this study is to evaluate the influence of obesity on pregnancy and to assess the favorability or otherwise in outcome of pregnancy.

MATERIALS AND METHODS

STUDY DESIGN: Prospective cohort study.

STUDY PLACE: Institute of Social Obstetrics, ISO-KGH, Triplicane, Chennai.

STUDY PERIOD: January 2012 to December 2012

The study was approved by the Institutional Review Board (Ethical Committee).

After getting consent, detailed history was elicited and the mothers were examined in detail. The selected women were divided into 2 groups based on their BMI.

GROUP A (Control Group):300 women with normal BMI 18.5 to 24.99 $Kg/m^{2.}$.

GROUP B (Study Group):300 women with obesity BMI $\geq$ 30 Kg/m^2.

Class I: 30-34.99kg/m^2

Class II: 35-39.99kg/m^2

Class III : $\geq$40.00kg/m^2.

INCLUTION CRITERIA

1. Pregnant women with prepregnancy BMI $\geq$30$kg/m^{2.}$
2. Pregnant woman with prepregnancy BMI between 18.5kg/m^2 and 24.99kg/m^2.

3. Similar socioeconomic status.
4. Matched dietary habits.

EXCLUSION CRITERIA

1. Women not booked at KGH and whoseprepregnancy BMI not known.
2. Women whose BMI < 18.5kg/m^2.
3. Women with BMI between 25kg/m^2 and 29.9 kg/$m^{2.}$
4. Women who are obese already with medical complication like diabetes, hypertension and hypothyroidism.
5. Women who could not be followed until delivery.

FOLLOWING DATA WERE ANALYSED

I. Growth of uterus 1. Symphysio fundal height

2. Abdominal circumference

II. Increase or decrease in maternal weight

III. Complication during antenatal period

1. Gestational Diabetes
2. Anemia
3. Preeclampsia

IV. Onset of labour

1. Preterm

2. Term

3. Post Dated

4. Antepartum hemorrhage

V. Induction or acceleration of labour

VI. Type of delivery

1. Labour natural

2. Instrumental vaginal delivery

3. Cesarean section

VII. Complication during labour

1. Delay inprogress of labour

2. In coordinate uterine contraction

3. Prolonged second stage of labour

VIII. Third stage complication

1. Postpartum hemorrhage

2. Retained Placenta

IX. Fetal Complications

1. Macrosomia

2. NICU admission

3. Stillbirth

RESULTS AND ANALYSIS

TABLE:-1

AGE DISTRIBUTION

AGE GROUP	CONTROL		OBESE	
	NO	% WITHIN GROUP	NO	% WITHIN GROUP
< 20 YEARS	48	16%	15	5%
21 to 25 YEARS	164	54.7%	114	38%
26 to 30 YEARS	82	27.3%	125	41.7%
>30 YEARS	6	2%	46	15.3%

TABLE:-1 shows the age distribution in control and obese groups. 54.7% of control group were in 21 to 25 years and 41.8% of obese group were in 26 to 30 years p value < 0.001

CHART:-1

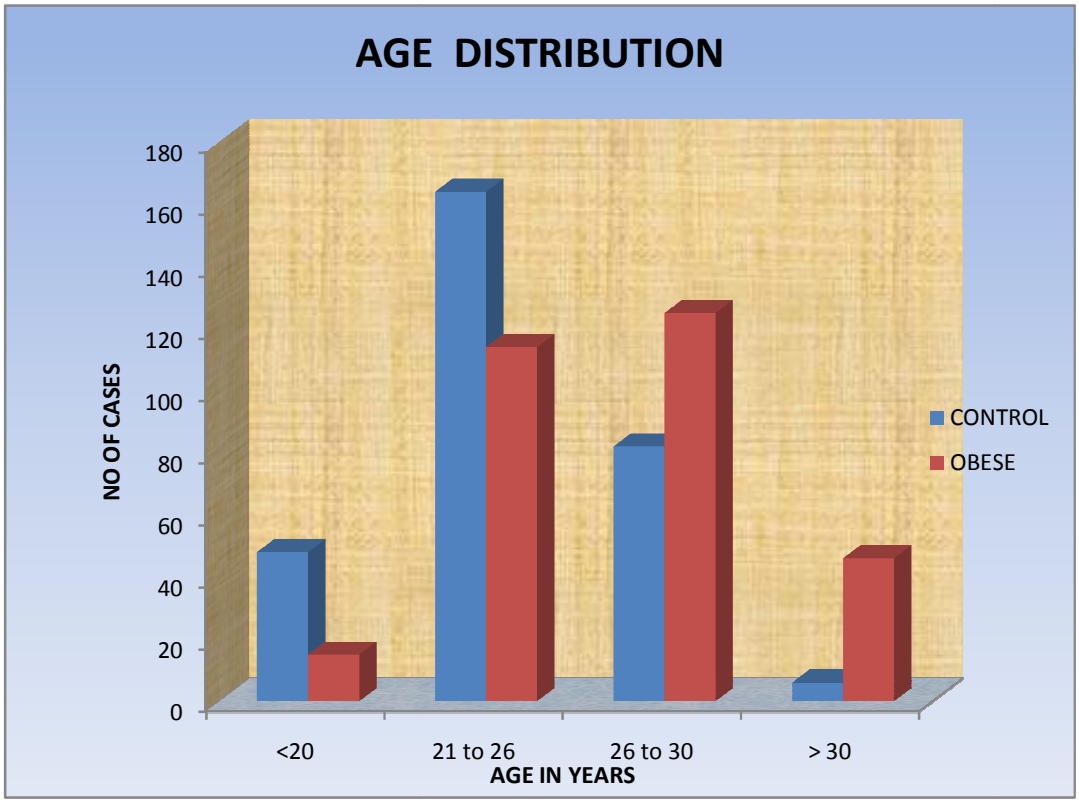


CHART:-1shows that obese was found to be more in women during their active reproductive age 21 to 30 compared to controls.

TABLE:-2

PARITY

PARITY	CONTROL		OBESE	
	NO	% WITHIN GROUP	NO	% WITHIN GROUP
PRIMI	161	53.7%	117	39%
G2 AND G3	127	42.3%	158	52.7%
G4 AND ABOVE	12	4%	25	8.3%

TABLE:-2shows the distribution of cases in gravida in control and obesegroup. The percentage of primi in control group is 53.7% and obese group is39% but multi in this group is about 61% and the p value <0.001

CHART:-2

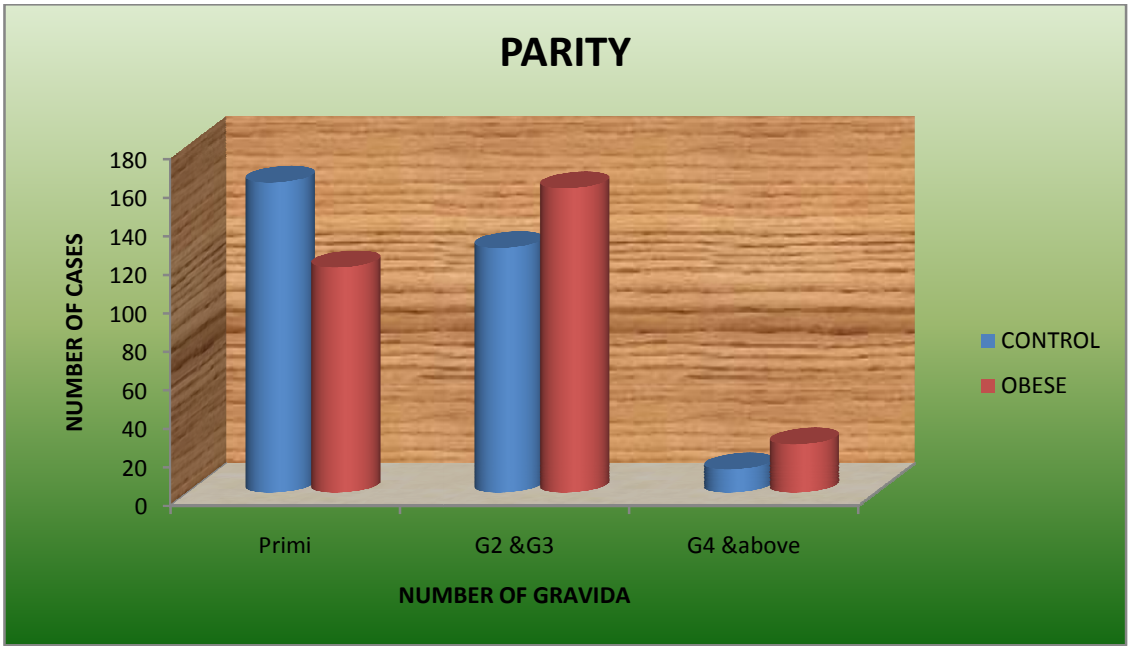


CHART:-2 Shows number of primi were more in control group about 161, but in obese group multigravida is more about 183.

TABLE:-3

OBESE WOMEN IN OBESITY CLASSIFICATION

CLASSIFICATION OF OBESE WOMEN	NO OF OBESE	% WITHIN GROUP
CLASS I	253	84.3%
CLASS II	32	10.7%
CLASS III	15	5%

TABLE:-3shows the percentage of obese cases in obesity classification. In 300 obese women about 253 were in class I group, 32 in class II and 15 in class III.

CHART:-3

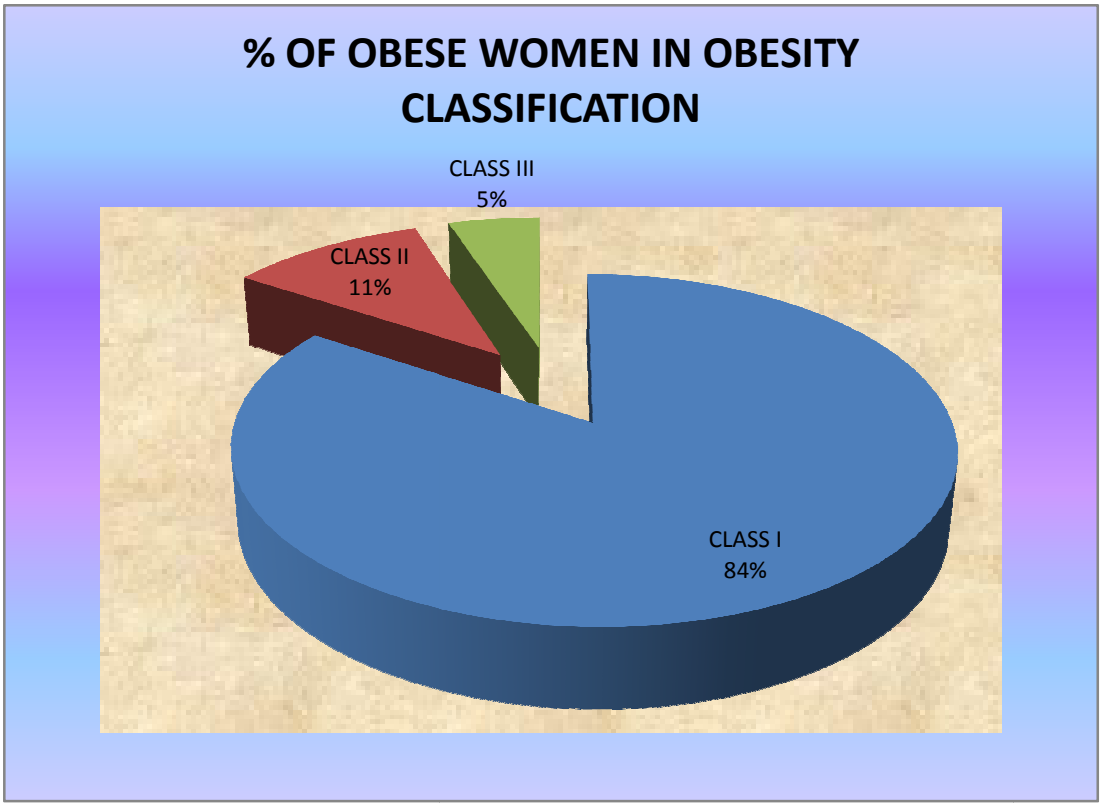


CHART:-3shows the percentage of obese women distributed in obesity classification 84% in class I, 11% in class II and 5% in class III.

TABLE:-4

MEAN BMI AND WEIGHT GAIN

MEAN BMI AND WEIGHT GAIN	CONTROL	OBESE
MEAN BMI	22.36	33.09
MEAN WEIGHT GAIN	11.4Kg	7.5Kg

TABLE:-4shows the mean BMI of control and obese group. The average BMI in control group is 22.36 with weight gain of 11.4 kg and in obese group the mean BMI is 33.09 with the weight gain of 7.5 Kg.

CHART:-4

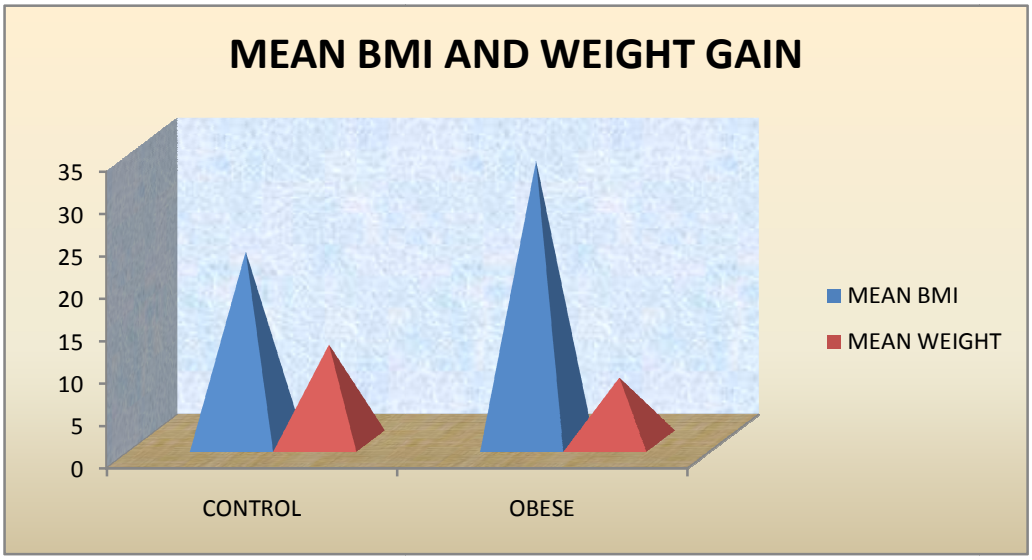


CHART:-4 shows the average BMI in control group is 22.36 with weight gainof 11.4 kg and in obese group the mean BMI is 33.09 with the weight gain of 7.5 kg.

TABLE:-5

PRESENTATION OF FETUS IN LABOUR

PRESENTATION	CONTROLS		OBESE	
	NO	% WITHIN GROUP	NO	% WITHIN GROUP
CEPHALIC	294	98%	291	97%
BREECH	5	1.6%	6	2%
TRANSVERSE	1	0.3%	3	1%

TABLE:-5shows the fetal presentation in labour in control and obese cases.

The fetal presentation is almost same in both groups.

CHART:-5

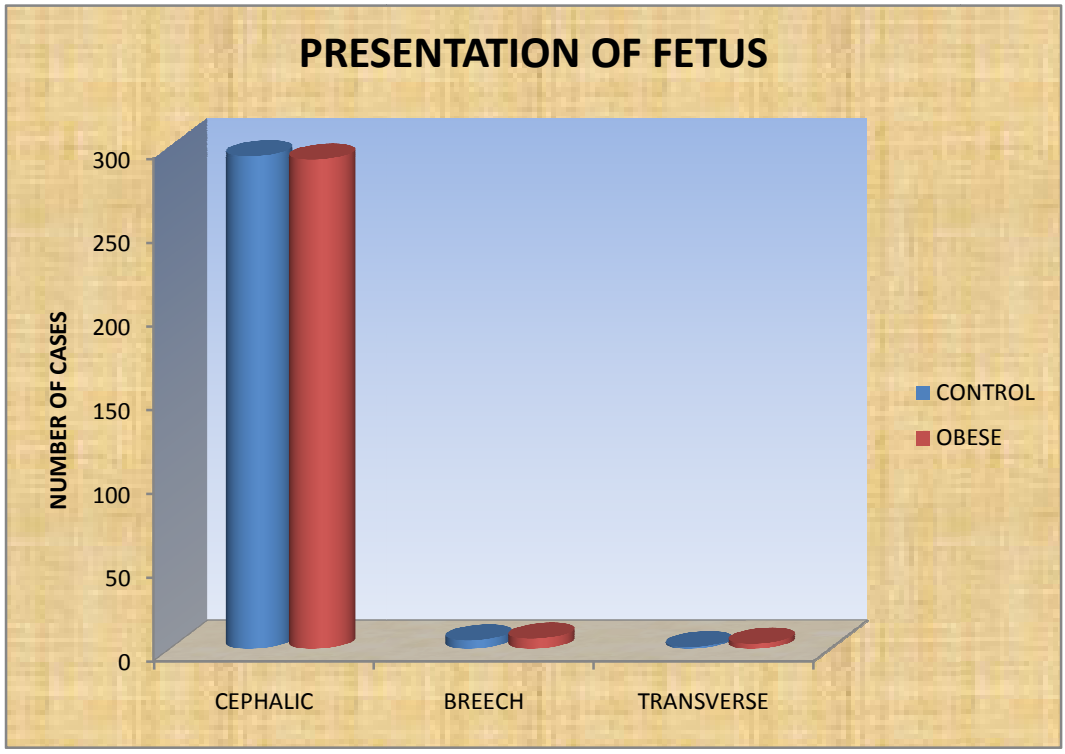


CHART:-5shows the fetal presentation is almost same in both groups

TABLE:-6

GESTATIONAL DIABETES

GESTATIONAL DIABETES	CONTROL		OBESE	
	NO	%WITHIN GROUP	NO	%WITHIN GROUP
ON INSULIN	0	0%	27	9%
ONMEALPLAN	9	3%	15	5%

TABLE:-6shows the incidence of gestational diabetes in control and obese group. In obese group GDM on in insulin is 9% and on mealplan is 5% with p value <0.001

CHART:-6

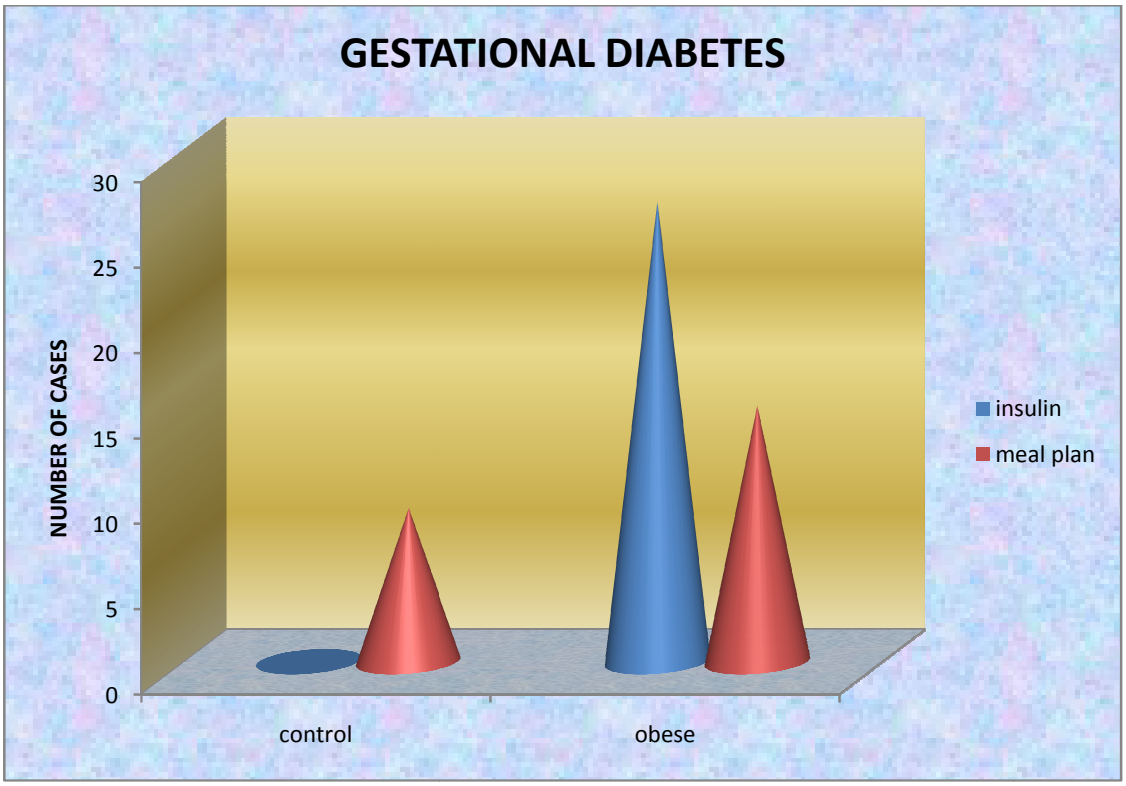


CHART:-6shows the number of cases in control and obese group.

Obese group has more number of cases than control group.

TABLE:-7

PREGNANCY INDUCED HYPERTENSION

PIH	CONTROL		OBESE	
	NO	%WITHIN GROUP	NO	% WITHIN GROUP
MILD	26	8.7%	181	60.3%
SEVERE	0	0%	42	14%

TABLE:-7shows the incidence of PIH in control and obese group. In control group about 8.7% were mild PIH and in obese 60.3% were mild PIH and 14% were severe PIH with p value<0.001.

CHART:-7

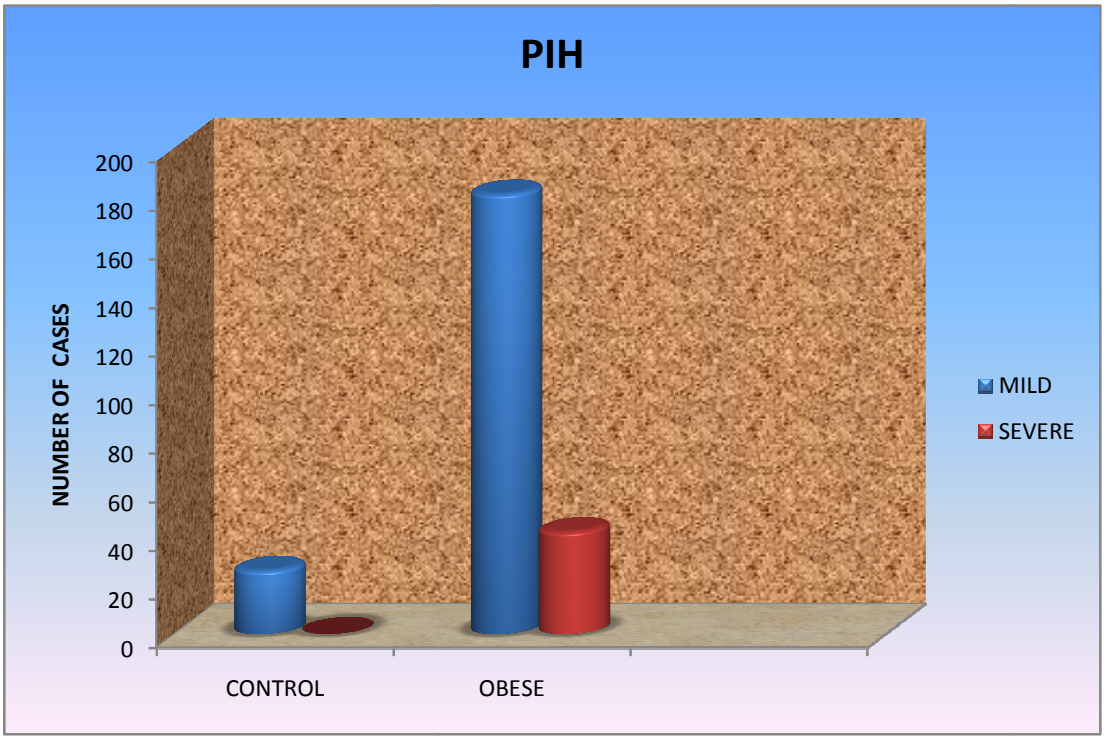


CHART:-7 shows that in control group about 26 cases were mild PIH and in obese 181 cases were mild PIH and 42 cases were severe PIH.

TABLE:-8

PLACENTAL ABRUPTION

ABRUPTIO PLACENTA	CONTROL	OBESE
NO OF CASES	0	9
% WITHIN GROUP	0%	3%

TABLE:- 8 shows the incidence of abruption placenta in control and obese group. 3% of women in obese group had placental abruption .

CHART:-8

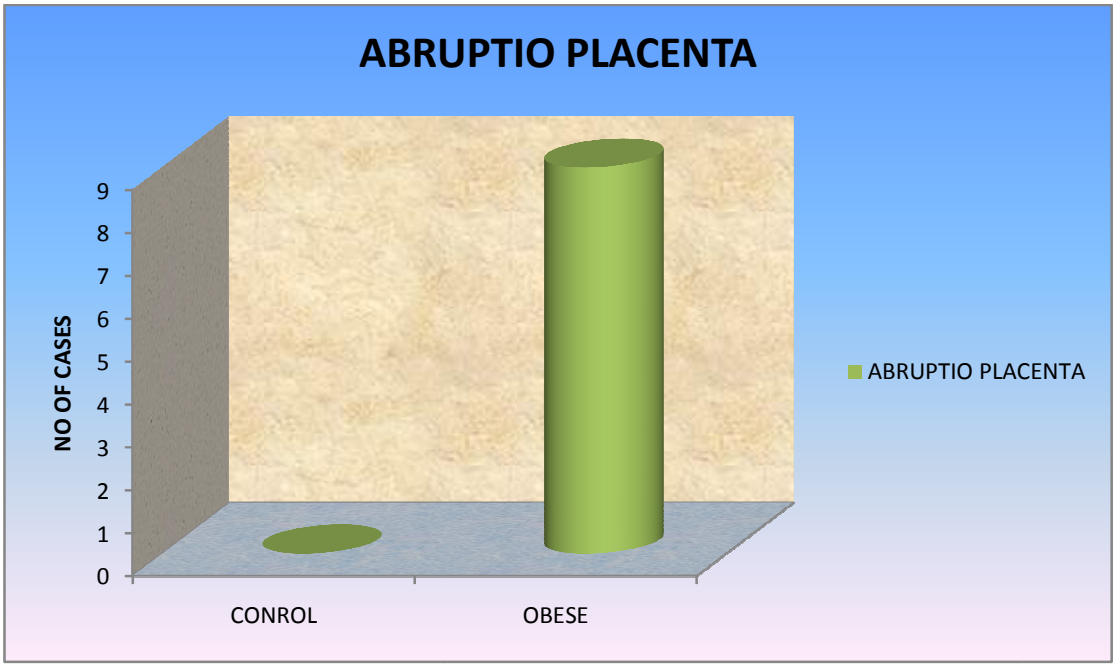


CHART:-8 shows about 9 cases in obese group had placental abruption.

TABLE:-9

ANEMIA

ANEMIA	CONTROL	OBESE
NO OF CASES	7	19
% WITHIN GROUP	2.3%	6.3%

TABLE:-9 shows about 2.3% anemic cases in control group and 6.3% anemic cases in obese group with p value <0.016

CHART:-9

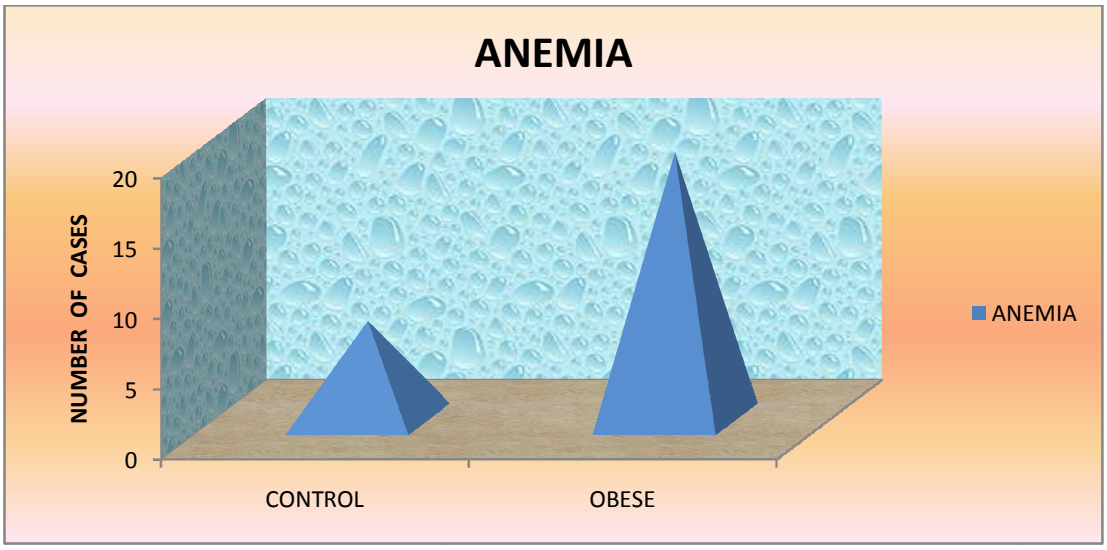


CHART:-9showsabout 7 anemic cases in control group and 19 anemic cases in obese group.

TABLE:-10

GESTATIONAL AGE AT LABOUR

GESTATIONAL AGE AT LABOUR	CONTROL		OBESE	
	NO	% WITHIN GROUP	NO	% WITHIN GROUP
TERM	296	98.7%	267	89%
PRETERM	4	1.3%	33	11%

TABLE:-10shows the incidence of gestational age at labour in control andobese group. About 1.3% was preterm in control group and 11% were preterm in obese group with p value < 0.001.

CHART:-10

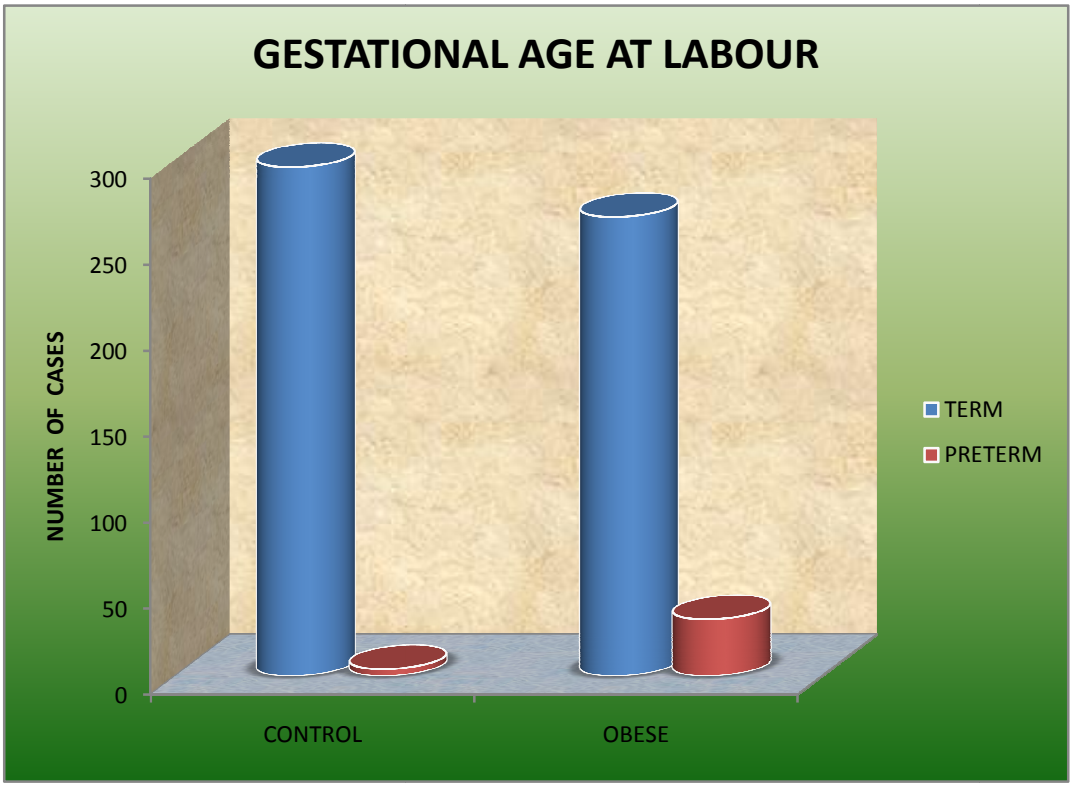


CHART:-10 shows about 4 cases in control group were preterm and about 33 preterm cases in obese group

TABLE:-11

INDUCTION OF LABOUR

INDUCTION OF LABOUR	CONTROL		OBESE	
	NO	% WITHIN GROUP	NO	% WITHIN GROUP
PGE_2GEL INDUCTION	24	8%	27	9%
OXYTOCIN INDUCTION	0	0	27	9%
OXYTOCIN ACCELERATION	128	42.7%	57	19%

TABLE:-12 shows the incidence of induction of labour in control andobese group. There is an increased number of induction in obese group compared to control group with $p < 0.001$

CHART:-11

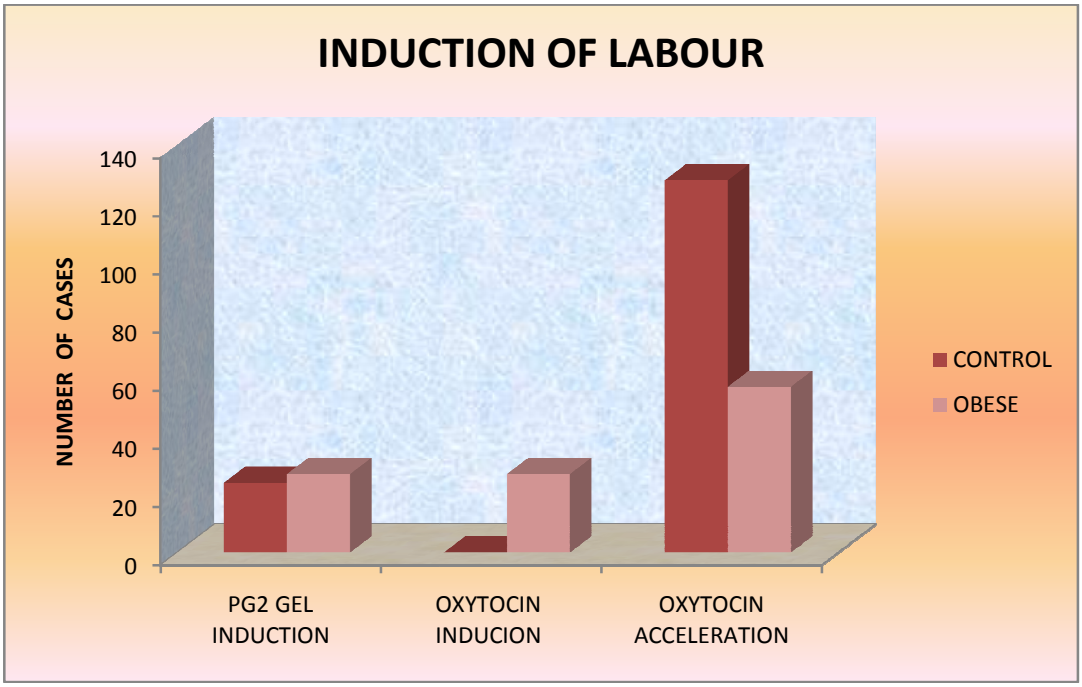


CHART:-11 shows in obese group, about cases in 27 cases were induced with PGE_2 gel and 27 cases with oxytocin and in control more number of cases were accelerated with oxytocin about 128 cases (42.7%).

TABLE:-12

TYPE OF DELIVERY

TYPE OF DELIVERY	CONTROL		OBESE	
	NO	% WITHIN GROUP	NO	% WITHIN GROUP
LABOUR NATURAL	240	80%	63	21%
EMERGENCY LSCS	44	14.7%	102	34%
EMERGENCY REPEAT LSCS	14	4.7%	108	36%
ELECTIVE LSCS	0	0%	6	2%
ELECTIVE REPEAT LSCS	0	0%	12	4%
INSTRUMENTAL DELIVERY	2	0.7%	9	3%

TABLE:-12 shows the incidence of type of delivery in control and obese women in control group about 80% of cases had labour natural and in obese group 76% had caesarean delivery and with the p value < 0.001

CHART:- 12

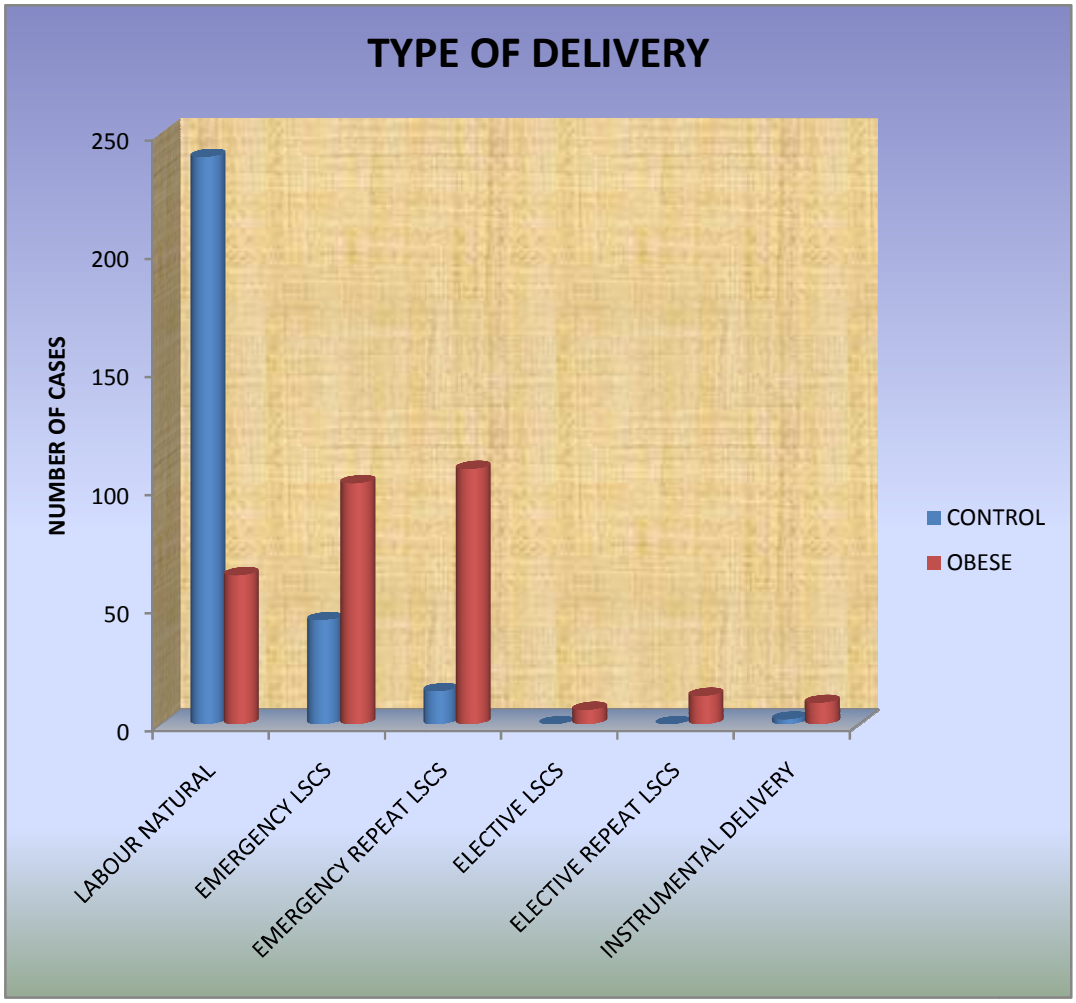


CHART:- 12 shows in control group 240 cases had labour natural and 210 cases in obese group had caesarean delivery.

CHART:-13

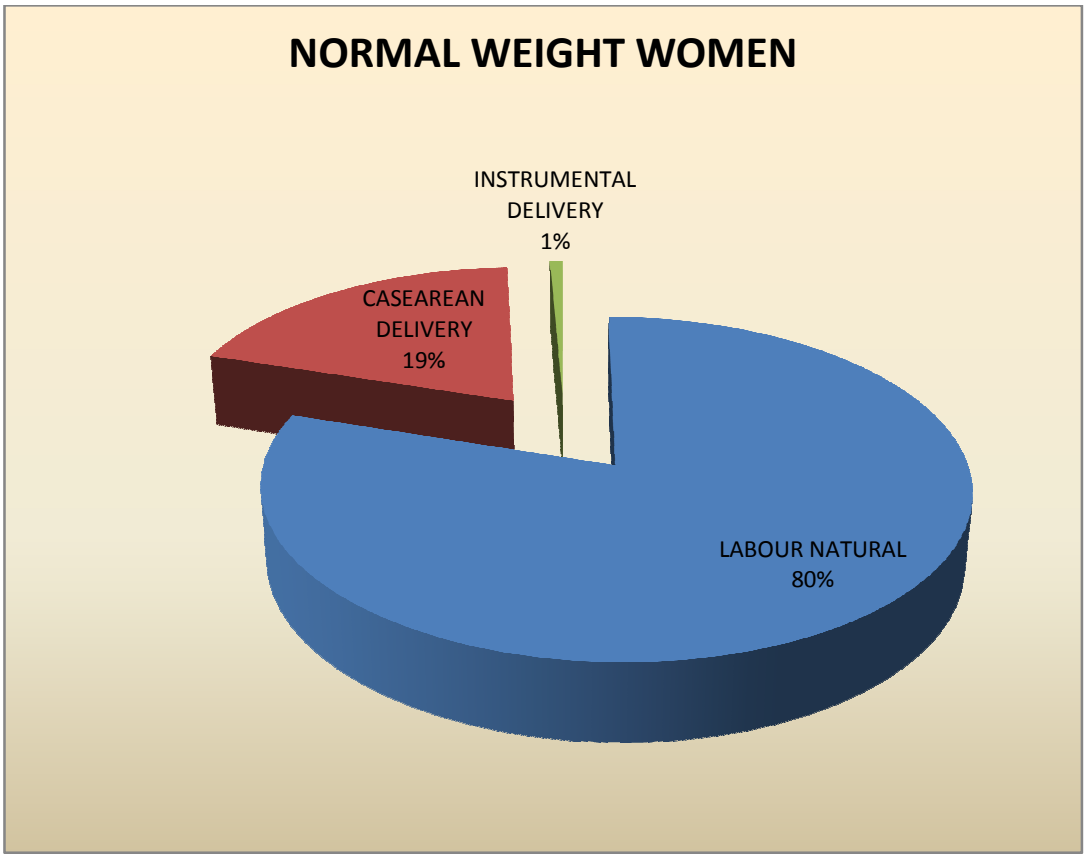


Chart:- 13 shows the incidence of delivery in control group, 80% had labour natural, 19% caesarean delivery and 1% instrumental delivery.

CHART:-14

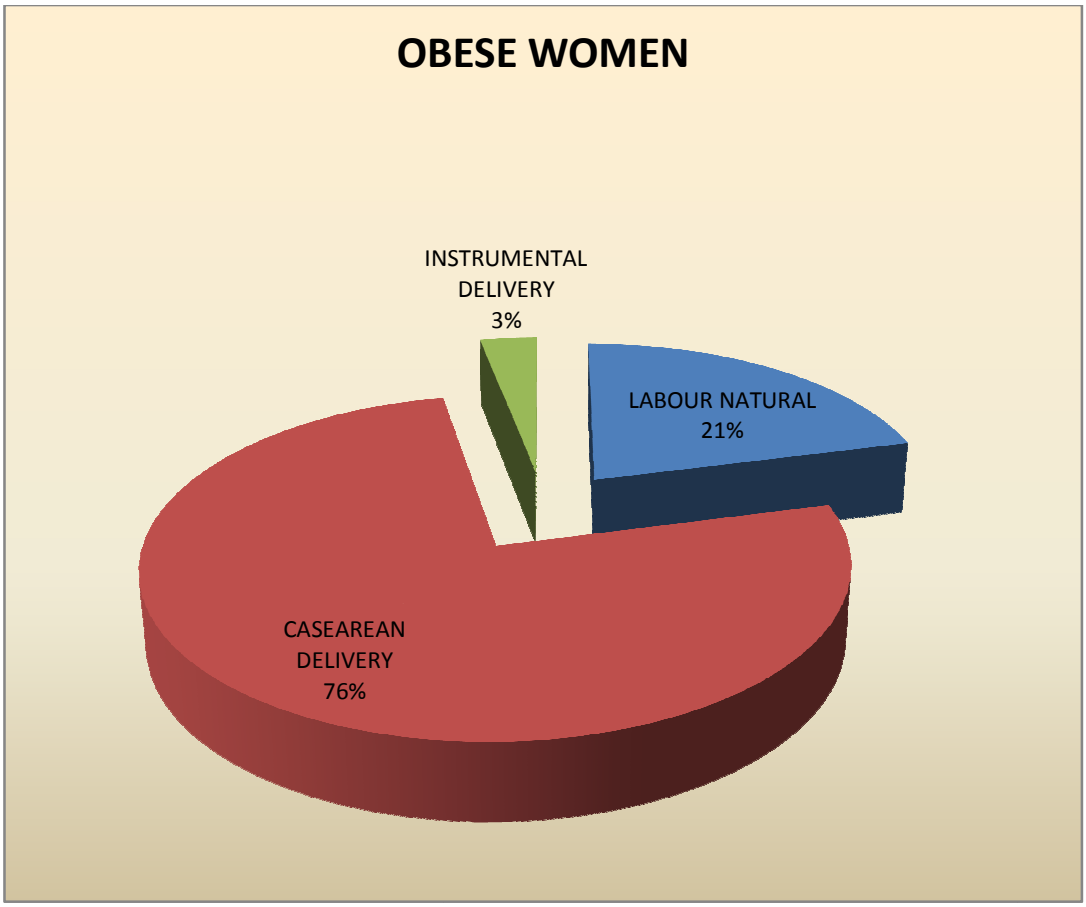


CHART:-14 shows the incidence of delivery in obese group, 76% had caesarean delivery, 21% had labour natural and 3% instrumental delivery

TABLE:-13

TYPE OF DELIVERY IN OBESE WOMEN

OBESE WOMEN	PRIMI		MULTI	
	NO	% WITHIN GROUP	NO	% WITHIN GROUP
LABOUR NATURAL	15	11.6%	48	27.%
EMERGENCY LSCS	102	79%	108	63.1%
ELECTIVE LSCS	6	4.6%	12	7%
INSTRUMENTAL DELIVERY	6	4.6%	3	1.75%

TABLE:-13 shows the incidence of deliveries in primi and multigravida of obese group, 80.9% of obese primi had caesarean delivery compared to 62% in obese multigravida.

CHART:-15

TYPE OF DELIVERY AMONG OBESE WOMEN

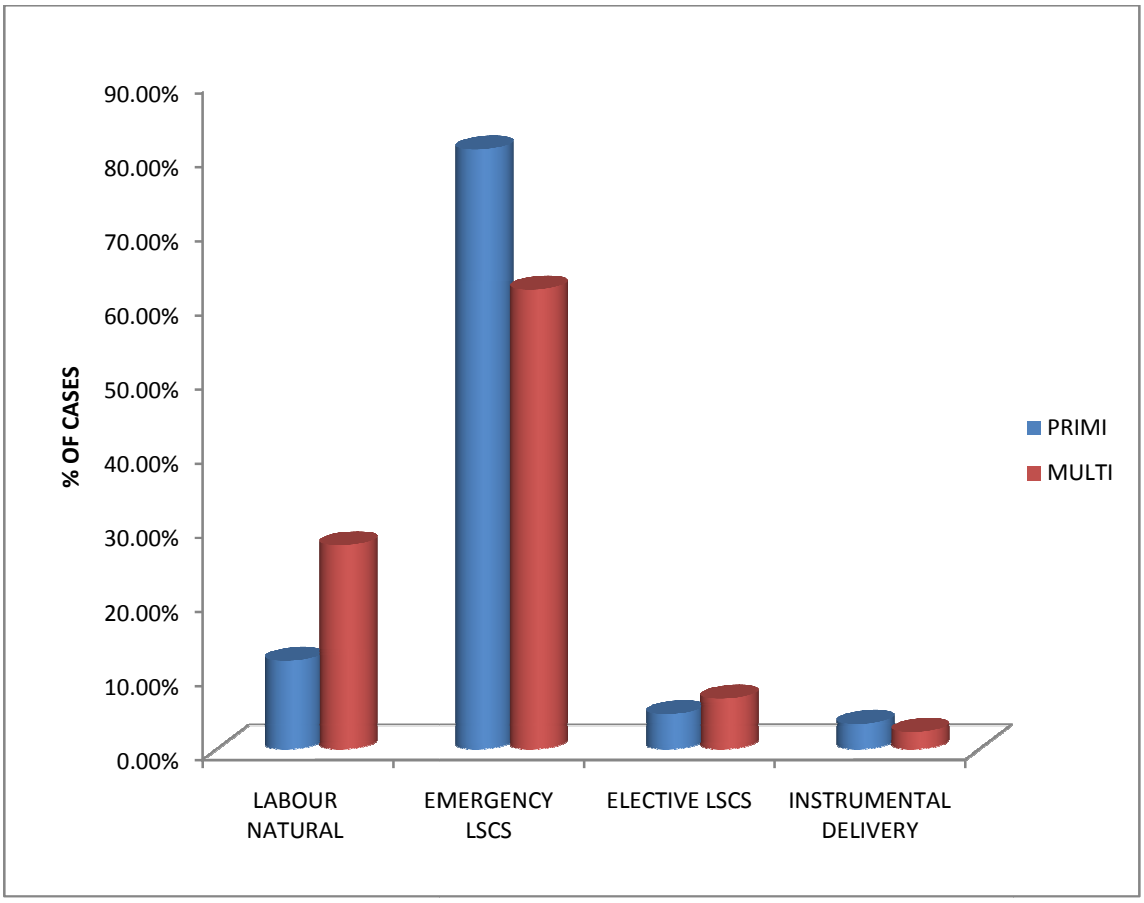


Chart:-15 shows the percentage of deliveries in primi and multigravida of obesegroup. There is an increased incidence of emergency caesarean delivery in both obese primi and multigravida .

CHART:-16

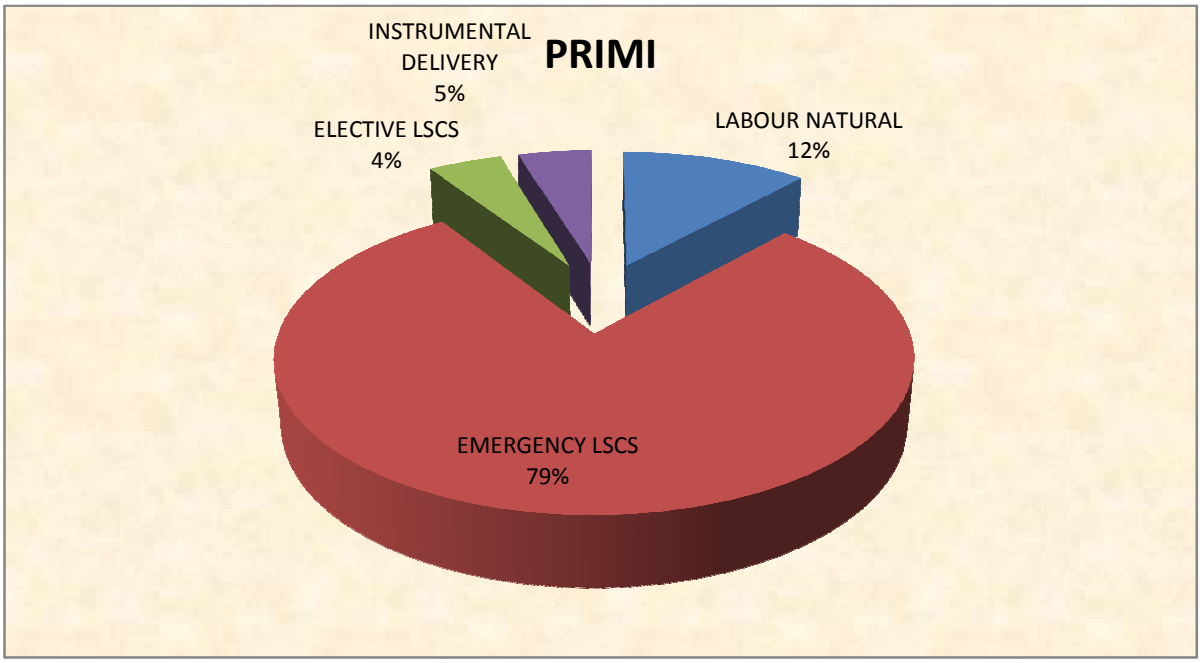


Chart:-16shows the percentage of delivery in obese group primigravida. About 79% of primi obese women had primary section

CHART:-17

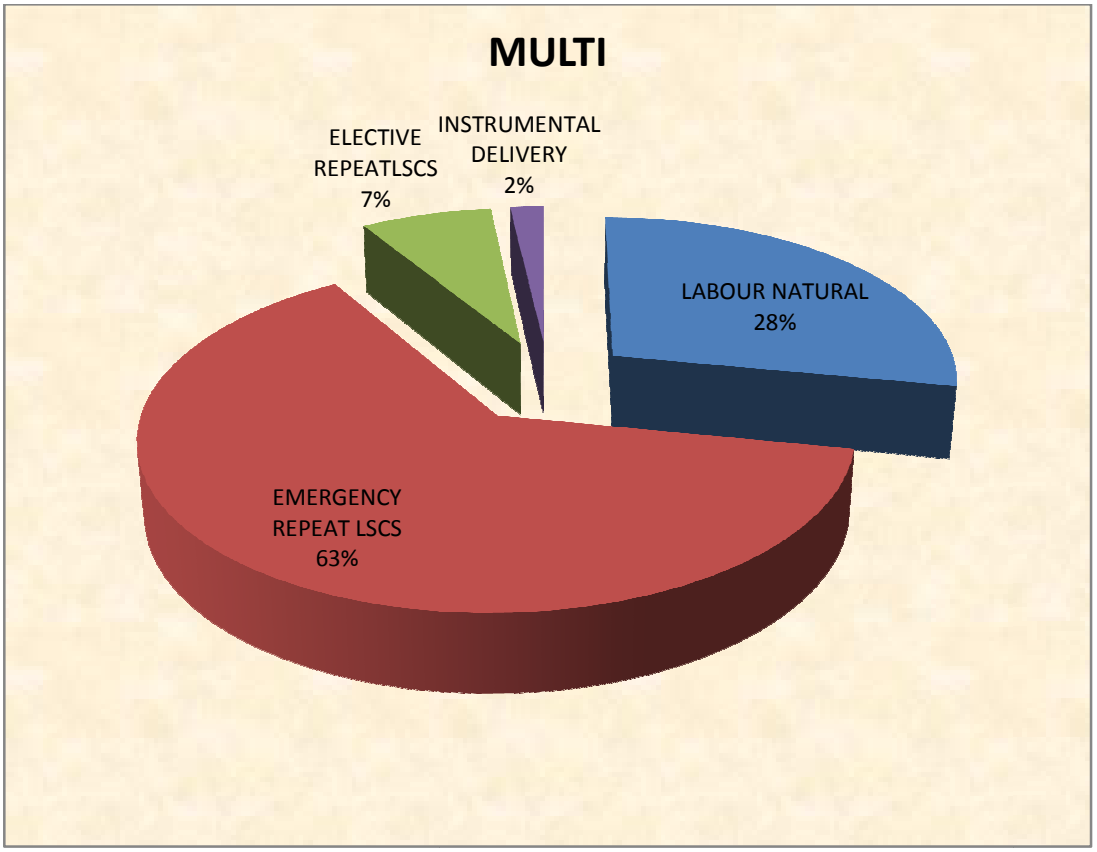


Chart:-17shows the incidence of delivery in obese group multigravida.

63% of muitigravida obese women had emergency repeat section,

TABLE:-14

INDICATION FOR LSCS

INDICATION FOR LSCS	CONTROL		OBESE	
	NO	% WITHIN GROUP	NO	% WITHIN GROUP
PREVIOUS LSCS	14	24.1%	120	52.6%
CPD	17	29.3%	40	17.5%
FETAL DISTRESS	19	32.7%	31	13.5%
FLEXED BREECH IN LABOUR	5	8.6%	6	2.6%
TRANSVERSE LIE IN LABOUR	1	1.7%	3	1.3%
SEVERE PREECLAMPSIA	2	3.4%	24	10.5%
FAILED INDUCTION	0	0%	12	5.2%

TABLE :-15 shows the incidence of indication for caesarean delivery in control and obese group.52.6% of obese women had repeat caesarean delivery.

CHART:-18

INDICATION FOR LSCS

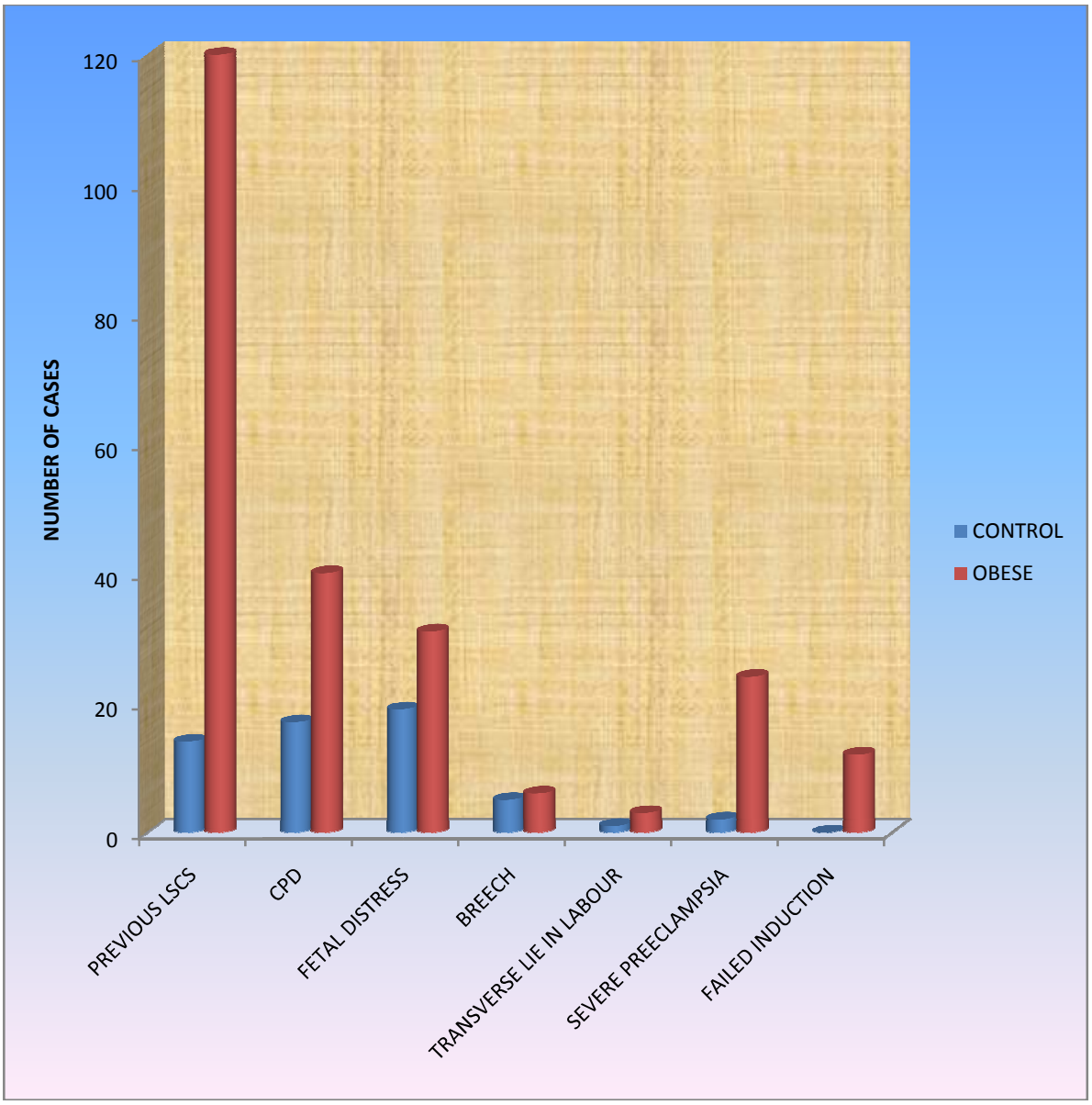


CHART:-18 shows increased incidence of repeat ceasarean delivery in obese group.

TABLE:-15

DELAY IN PROGRESS

DELAY IN PROGRESS	CONTROL	OBESE
NUMBER OF CASES	0	26
% WITHIN GROUP	0%	8.7%

TABLE:-15 shows the incidence of delay in progress in control and obese group. 8.7% cases in obese group had delay in progress.

CHART:-19

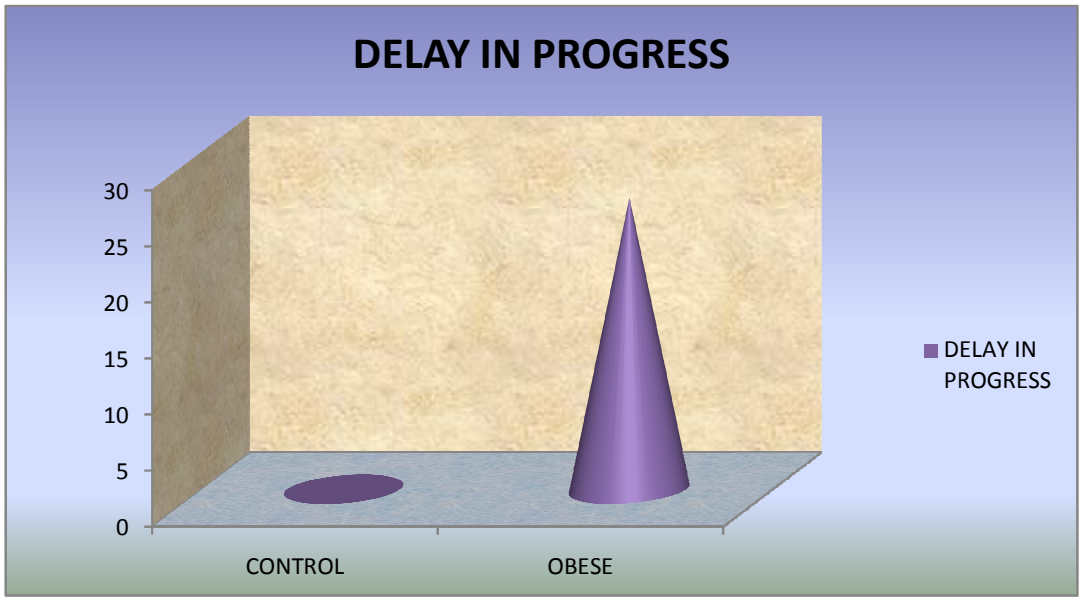


CHART:-19 shows 26 cases in obese group had delay in progress

TABLE:-16

THIRD STAGE COMPLICATION

THIRD STAGE COMPLICATION	NUMBER OF CASES	% WITHIN GROUP
POSTPARTUM HAEMORRHAGE(PPH)	6	2%
RETAINED PLACENTA	3	1%

TABLE:-16 shows 2% of obese women had PPH and 1% retained placenta with p value <0.001

CHART:-20

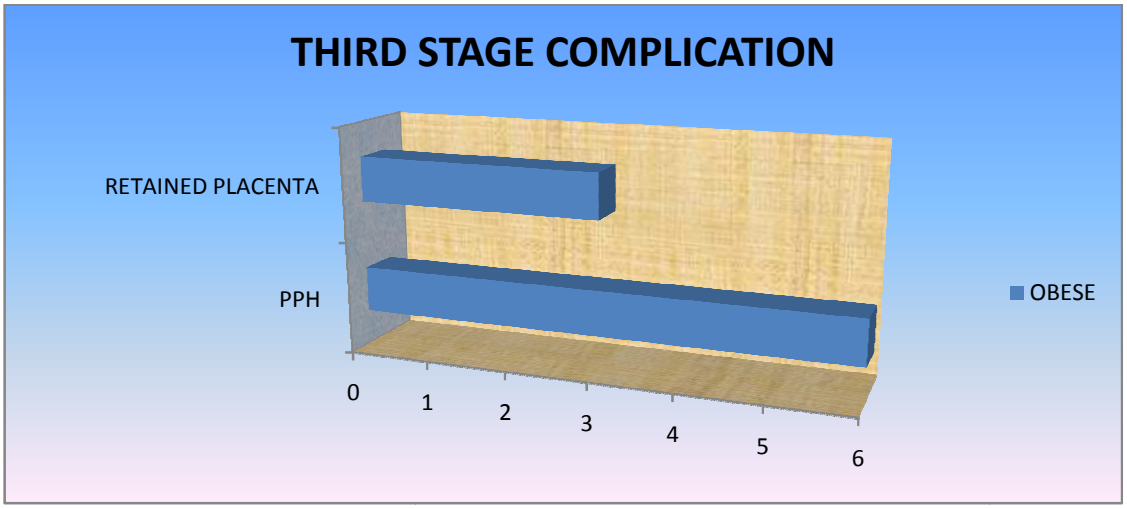


CHART:-20 shows 6 cases in obese group had PPH and 1% had retained placenta

TABLE:-17

BABY WEIGHT

BABY WEIGHT	CONTROL	OBESE
MEAN WEIGHT	2.82Kg	3.47 Kg

TABLE:-17 shows the mean baby weight of control and obese group were 2.82 kg and 3.47 kg respectively.

CHART:-21

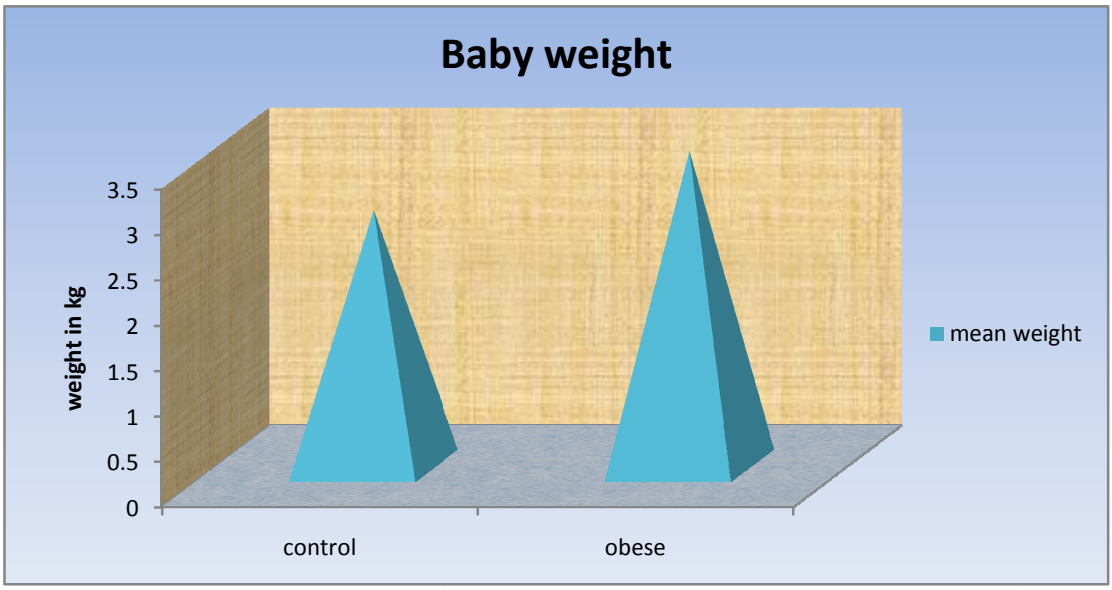


CHART:-21 shows the mean baby weight of control and obese group were 2.82 kg and 3.47 kg respectively.

TABLE:-18

STILLBIRTH

STILLBIRTH	CONTROL	OBESE
NO OF CASES	0	6
% WITHIN GROUP	0%	2%

TABLE:- 18 shows the incidence of still birth in obese group.2% of obese group had stillbirth.

CHART:-22

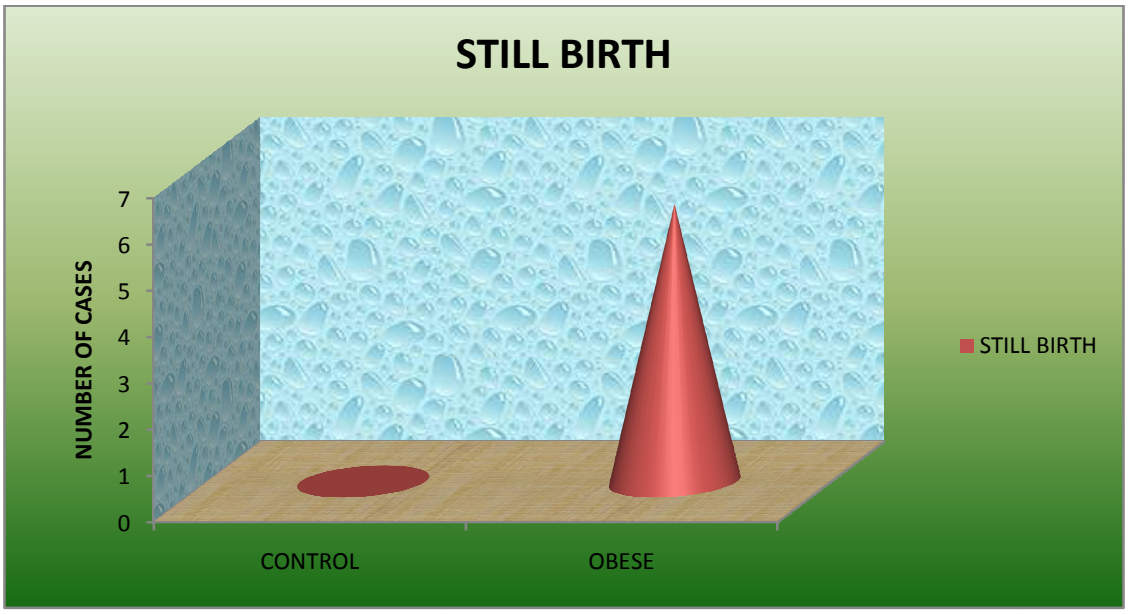


CHART:-22 shows there are 6 cases of stillbirth in obese group.

TABLE:-19

NICU ADMISSION

NICU ADMISSION	CONTROL		OBESE	
	NO	% WITHIN GROUP	NO	% WITHIN GROUP
YES	30	10%	104	34.6%
NO	270	0%	196	65.3%

TABLE:-19 shows the incidence of admission in control and obese group, about 10% and 34.6% with p value <0.001

CHART:-23

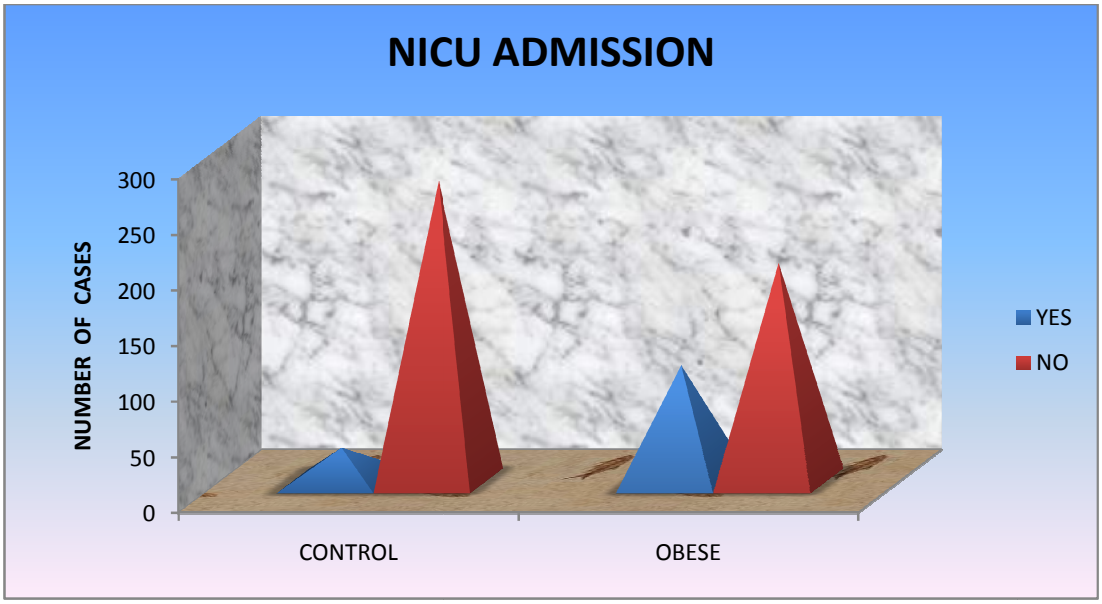


CHART:-23 shows NICU admission of 30 cases in control group and 104 cases in obese group

TABLE:-20

INDICATION FOR NICU ADMISSION

INDICATION FOR NICU ADMISSION	CONTROL		OBESE	
	NO	% WITHIN GROUP	NO	% WITHIN GROUP
PRETERM	4	13.3%	33	31.7%
BABY OF GDM MOTHER	9	30%	40	38.4%
MECONIUM ASPIRATION	17	56.6%	31	29.8%

TABLE:-20 shows the indication for NICU admission in control and obese group. 56.6% of control cases were admitted for meconium aspiration and 38.4% in obese group for baby of GDM mother.

CHART:-24

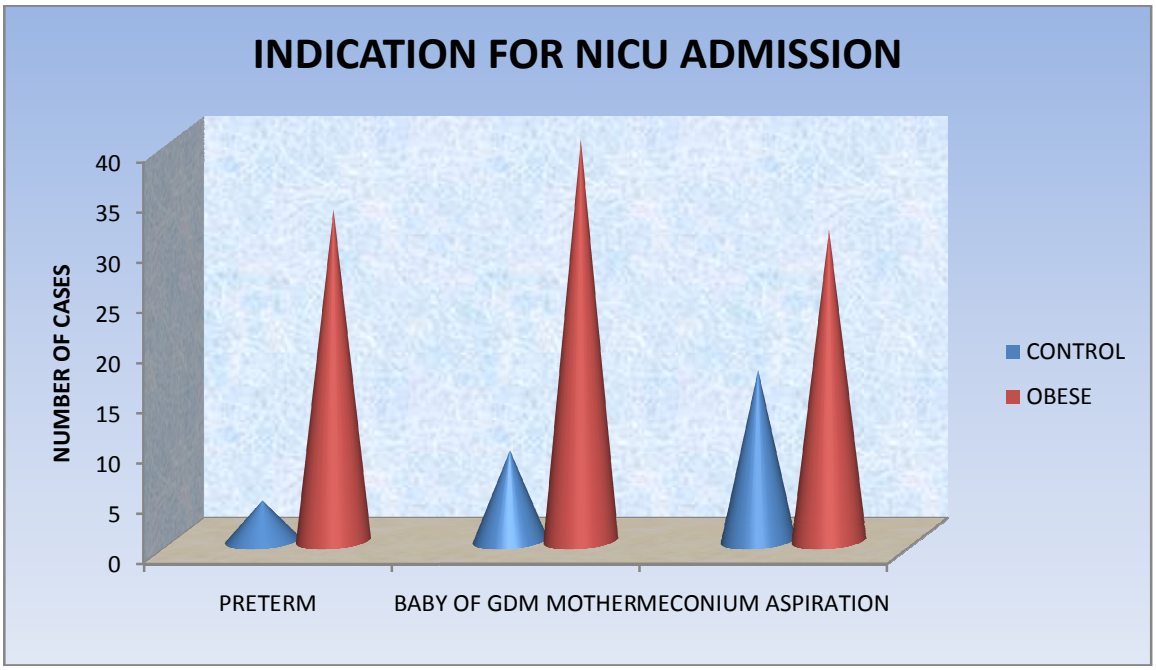


CHART:-24showsthe indication for NICU admission in both control and obese group. 17 cases in control group were admitted for meconium aspiration and 40 cases in obese group were admitted for baby of GDM mother.

DISCUSSION

The age group distribution in this study shows that percentage of normal weight women are more in 21-25 years of age (54.7%) whereas percentage of obese women are more in the 26-30 years of age (41.7%). In women above 30 yrs of age, there is increased number of obese women (15.3%), when compared to only 2 % of normal weight women. The incidence of obesity increases with increase in age. The mean age for the normal weight women is 23.75 and for the obese women are 26.53.

The incidence of obesity increases with parity. In the normal weight group, 53.7% were primi and 42.3 % were multiparous. Whereas in the obese grouponly 39% women were primipara and 52.7% were multiparous. In grand multiparous women, 4% were normal weight and 6.2% were obese and p value is < 0.001. Multiparous are more prone for obesity than primipara.

According to the obesity classification about 84.3% women falls in class I, 10.7% in class II, and 5% in class III. This shows there are increased number of cases in class I obesity when compared to class II and class III. The mean BMI of normal weight women is 22.36 and that obese woman is 33.09.

The mean weight gain in the normal weight women is 11.41 kg and in the obese women is 7.5kg. The obese women gain less weight in pregnancy compared to the normal weight women.

In the obese women, 97% of the fetus wascephalic, 2% were breech and 1% was transverse lie, compared to the normal weight women where 98% were cephalic, 1.6% breech and 0.3% transverse lie. There is no significance.

The present study revealed a higher prevalence of GDM in obese women. Whereas 9% and 5% of obese women were on insulin and meal plan for the management of GDM, only 3% of women with normal weight were on meal plan with the p value is < 0.001.There were no women on Insulin in the normal weight group. This is in concurrence with the study of Weiss and associates (FASTER Trial, 2004) which showed a marked increase in gestational hypertension and diabetes of class I (10.2% & 12.3%) and class II (6.3% & 9.5%). In general 1-3% of all pregnancies are diagnosed as gestational diabetes, while obese women have approximately 17% according to Gabee et al (1986).

Pregnancy induced hypertension in antenatal period is higher in obese women (mild PIH of 60.3% and severe PIH of 14%), when compared to normal weight women with mild PIH of 8.7% with the p value < 0.001. O'Brien and associates (2003) reported that preeclampsia risk doubles with each 5 -7 kg/m^2 increase in prepregnancy BMI. Similarly Seibre et al (2001) reported a 2 - 4 fold increase in preeclampsia in obese women. Kumari et al (2001) reported that preeclampsia in obese women was 14-25%.

The percentage of anemia in obese women was 6.3% compared to only 2.3 % in normal weight women. Abruptio placenta is seen in 3% of obese women.

Most of the women, about 89%, with obesity proceeded to term gestation and preterm labor was noted in only 11%. In normal weight women 98.7% were term gestation and 1.3% is preterm with the p value <0.001. This is in concurrence with the study of Cnattingius et al who reported an increased risk of delivery before 32 weeks in nulliparous obese women versus lean women (odds ratio 1.6 with a rate of 1.7% as well as a higher rate of 5-6 per 1000). Similar findings for preterm delivery were reported by Baeten et al.

The incidence of induction of labor was more in obese women due to indications like preeclampsia, gestational diabetes and fear of stillbirth in advanced gestation. The labor was induced with PGE_2 gel in 9% and with oxytocin in 9%. In those women with normal weight, PGE_2 gel induction was 8% but oxytocin induction was 42.7% with the p value <0.001 .This also correlates well with the study of Sebire et al (2001) who reported an increased rates of labor induction in obese women. But in another study Bianco et al (1998) reported the rate of oxytocin augmentation was similar in both the groups.

In the type of delivery, labor natural was about 80% in normal weight women compared to only 21% in obese women. The emergency caesarean delivery was 14.7% in normal weight women and 34% in obese women. The emergency repeat caesarean delivery rates were 36% in obese women and 4.7% in normal

women. In the obese group, the labor natural in primigravida was 11.6% and 27% in the multigravida, emergency caesarean delivery in primigravida was 79% and 63.1% in multigravida. Elective caesarean section in obese women for primi was 4.6% and repeat section was 7% and Instrumental delivery for primigravida was 4.6% and for multigravida was 1.75%. Obese women have increased emergency caesarean delivery, compared to the normal weight women because of the macrosomia . This study shows there is a significant rise of caesarean delivery with obese women with the $p < 0.001$. Our study is in accordance with the study of HughM.Ehrenberg (2004) who reported a higher chance of cesarean delivery in obese women (13.8% versus 7.7%, $P < 0.0001$). Lynch and associates (2008),Poobalan and colleagues (2009) also found that obese women have increased rate of cesarean delivery. Sebire (2001) and Baeten et al (2001) and Bianco et al (1n 1998) reported increased cesarean rate in obese women of more than 30%.

The most common indication for cesarean delivery was previous cesarean delivery in both in normal and obese women, whose percentages are 24% and 52.6 respectively. In the indication for primary section of obese women cephalo pelvic disproportion stands first and it is 17.5%. In the normal weight women fetal distress was the most common indication with an incidence of 32.7%. Failed induction is one of the reasons for caesarean delivery in obese women and it is about 5.2%. Severe preeclampsia is an indication in 3.4% of normal weight women compared to 10.5% of obese women. Whereas 2.6% and 1.3% of cesarean

deliveries in obese women were due to malpresentation like breech and transverse lie respectively, 8.6% and 1.7% of the same was noted in normal weight women. The labour was prolonged in 8.7% of obese women.

Third stage complications were more in the obese women, with PPH (2%), and Retained placenta(1%). Sebire et al (2001) also reported a higher incidence of PPH.

The mean birth weight in normal weight women was 2.82 kg and in obese women it was 3.47 kg. Hugh M.Ehrenberg et al (2004) opined that obese women were at a higher risk of delivering large for gestational age babies (LGA) compared to women with normal weight(16.8% vs. 10.5%; P<0.0001).

Sebire et al (2001), Baeten et al (2001) and Ray et al (2001) also reported that maternal obesity is associated with an 18% incidence of LGA neonates, which is a two fold increase over rates found in non obese controls.

The NICU admission were increased in obese women about 34.66 % compared to 10% in normal weight women with the p value <0.001%. The indication for NICU admission waspreterm, baby of GDM mother and meconium aspiration syndrome. In control group 4 babies are preterm (13.3%), 9 babies are baby of GDM mother (30%) and 17 babies are meconium aspiration syndrome (56.6%). In obese group preterm are 33 babies (31.7%), baby of GDM mother are 40 babies (40%) and with meconium aspiration, 31 babies (29.8%). In the obese group increased number of GDM mothers, hence more babies are admitted. Higher still birth rates were noticed in the obese women (about 2%). This may due to the

associated factors severe preeclampsia, followed by abruption or gestational diabetes with obesity.

Maternal obesity more often leads to intrauterine fetal death. A recent Swedish study found a three –fold higher risk in women with morbid obesity. Our study has similar results with that of Stephansson et al. The risk of intrauterine fetal death obviously seems to be influenced by the degree of obesity.

SUMMARY

This study was conducted at The Institute of Social Obstetrics and Govt.Kasturba Gandhi Hospital, Chennai during the period January 2012 to December 2012.

300 normal weight women with the prepregnant BMI of 18.5 to 24.9kg/m^2 taken as control and 300 obese women with the prepregnant BMI $\geq$ 30 kg/m^2 as study group.

The study revealed the following findings:

1. The study group had an increased incidence of obesity in the active reproductive age group compared to the control group.
2. The mean age of control group is 23.75 and for the obese group are 26.53.
3. In age group above 30 years, obese women are 15.3% and normal weight women are 2%.
4. Whereas the control group had more primigravida (53.7%), there were more multigravida women (58.9%) in the study group.
5. The average BMI of control group is 22.36 and for obese BMI are 33.09.
6. 84.3% of obese women were in the Class I obesity with 10.7 and 5% in Class II and III obesity respectively.
7. The mean weight gain in control group is 11.41kg and in obese group it was 7.527 kg.
8. The presentation in obese group is same with the control group.

9. More women in the study group had GDM (14%) compared to control group (3%). Whereas 9% of the GDM in obese group were on meal plan, 5% had to take Insulin for the control of GDM.
10. The incidence of PIH in control group is 8.7% (mild PIH) and in obese group is 74.3% of which 60.3 %(mild PIH) and 14 %(severe PIH).
11. Prevalence of anemia in control group was 2.3% compared to 6.3% in the obese group
12. Placental abruption was seen in about 3% of obese women.
13. There were 98.7% term deliveries in the control group compared to study group with 89% term deliveries. Preterm deliveries were more common in the obese group (11%).
14. Induction of laborin control group with gel was 8% and in obese group with gel 9% and oxytocin 9%.
15. Acceleration of labour with oxytocin in control group was 42.7% and 19% in obese group.
16. 80% of mothers in the control group had normal labor compared to 21% in the obese group.
17. Emergency caesarean delivery in control group is 14.7% and in obese group is 34%. Emergency repeat caesarean delivery in control group is 4.7% and 36% in obese group.
18. Elective caesarean delivery in obese women was performed for 4.6% as primary section and 7% as repeat section.

19. Instrumental delivery with forceps was used in 0.7% of women in the control group and in 3% of women in obese group.
20. The indication for caesarean delivery was previous cesarean delivery in 24.1% of women in control group and 52.6% in obese group.
21. The indication primary caesarean delivery is fetal distress 32.7% in control group and cephalopelvic disproportion in obese group is 17.5%. 5.2% of caesarean delivery in obese group was due to failed induction
22. Whereas 8.7% of women had CS due to delay in progression of labor, no such indication was noted in the non obese women.
23. Third stage complications noted in obese group were PPH (2%) and retained placenta (1%).
24. The mean baby birth weight in control group is 2.82 kg and in obese group is 3.47 kg.
25. The NICU admission in control group is 10% and in obese group is 34.6%.
26. The indication for NICU admission was preterm, baby of diabetic mother and meconium aspiration syndrome. . In control group 4 babies are preterm (13.3%), 9 babies are baby of GDM mother (30%) and 17 babies are meconium aspiration syndrome (56.6%). In obese group preterm are 33 babies (31.7%), baby of GDM mother are 40 babies (40%) and with meconium aspiration, 31 babies (29.8%).
27. Stillbirth was noted in the obese group (about 2%) and no cases in control group.

CONCLUSION:

With a sedentary life style, more in house working pattern and altered food habits, there is an increased tendency for the population to move towards obesity. This is more so during pregnancy when most of the women tend to take more rest and eat different food stuffs to suit their need and taste. The general affluence also contributes to the increased incidence of obesity, particularly in pregnancy.

The higher incidence of pregnancy complications in obesity is well borne out by many studies and this study also correlates with most of the studies. The higher incidence of pregnancy complications like anemia, pre eclampsia and gestational diabetes are well known affections of obesity. There is also an increased incidence of operative delivery and attendant anesthetic complications.

The third stage of labor is also fraught with complications in the obese women compared to their non obese sisters. The common third stage complications are PPH and retained placenta which could be life threatening.

Obese babies, even in the absence of GDM, have a higher requirement of NICU admission and perinatal complications. Though this study did not reveal any increase in perinatal mortality due to obesity, the higher incidence of NICU admission is well revealed. Similarly still birth rates are also marginally higher than in the non obese women.

Hence it is imperative that the fight against obesity should start at the adolescent age itself when both the boys and girls tend to indulge in binge eating and in junk food. For those obese mothers, the need for restructuring their caloric intake and exercise without harming the pregnancy should be stressed. The need of the hour is a life style modification and eating habits.

BIBLIOGRAPHY

1. Abodeely A, Roye GD, Harrington DT, et al: Pregnancy outcomes after bariatric surgery: Maternal, fetal, and infant implications. SurgObesRelat Dis 4(3):464, 2008

2. American College of Obstetricians and Gynecologists: Obesity in pregnancy. Committee Opinion No. 315, September 2005a

3. American College of Obstetricians and Gynecologists: The role of the obstetrician-gynecologist in the assessment of and management of obesity. Committee Opinion No. 319, October 2005b

4. Armstrong J, Reilly JJ; Child Health Information Team: Breastfeeding and lowering the risk of childhood obesity. Lancet 359:2003, 2002 [PMID: 12076560]

5. Asbee SM, Jenkins TR, Butler JR, et al: Preventing excessive weight gain during pregnancy through dietary and lifestyle counseling. ObstetGynecol 113:305, 2009 [PMID: 19155899]

6. Bianco AT, Smilen SW, Davis Y, et al: Pregnancy outcome and weight gain recommendations for the morbidly obese woman. ObstetGynecol 91:97, 1998 [PMID: 9464729]

7. Baeten JM, Bukusi EA, Lambe M. Pregnancy complications and outcomesamong overweight and obese nulliparous women. Am J Public Health 2001;

8. Catalano P, Farrell K, Presley L, et al: Long-term follow-up of infants of women with normal glucose tolerance (NGT) and gestational diabetes (GDM): Risk factors for obesity and components of the metabolic syndrome in childhood. Am J ObstetGynecol 193:S3, 2005

9. Catalano PM: Management of obesity in pregnancy. ObstetGynecol 109:419, 2007 [PMID: 17267845]

10. Cedergren MI: Maternal morbid obesity and the risk of adverse pregnancy outcome. Obstet Gynecol. 103:219, 2004 [PMID: 14754687]

11. Centers for Disease Control and Prevention: National Center for Chronic Disease Prevention and Health Promotion. Obesity and Overweight: U.S. Obesity Trends 1985-2006. Available at: http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/index.htm. Accessed July 27, 2007

12. Centers for Disease Control and Prevention: State-specific prevalence of obesity among adults—United States, 2007. 57:766, 2008

13. Chelmow D, Rodriquez EJ, Sabatini MM: Suture closure of subcutaneous fat and wound disruption after cesarean delivery: A meta-analysis. ObstetGynecol 103:974, 2004 [PMID: 15121573]

14. Chinali M, Devereux RB, Howard BV, et al: Comparison of cardiac structure and function in American Indians with and without the metabolic syndrome (the Strong Heart Study). Am J Cardiol 93:40, 2004 [PMID: 14697463]

15. Chu SY, Bachman DJ, Callaghan WM, et al: Association between obesity during pregnancy and increased use of health care. N Engl J Med 358:1444, 2008 [PMID: 18385496]

16. Cnattingius S, Bergstrom R, Lipworth L, et al: Prepregnancy weight and the risk of adverse pregnancy outcomes. N Engl J Med 338: 147, 1998 [PMID: 9428815]

17. Cogswell ME, Dietz PM, Branum AM: Maternal weight before, during, and after pregnancy in the United States. Presentation at the Workshop on the Impact of Pregnancy Weight on Maternal and Child Health, Washington, DC, May 30, 2006

18. Cunningham FG, Pritchard JA, Hankins GVD, et al: Idiopathic cardiomyopathy or compounding cardiovascular events? ObstetGynecol 67:157, 1986 [PMID: 2935758]

19. De Swiet M. Thromboembolic disease. In: James DK, Steer PJ, Weiner CP,Gonik B, editors. High risk pregnancy: management options, 2nd ed.London: W.B. Saunders; 1999. pp. 901±909.

20. Dixon JB, Dixon ME, O'Brien PE: Pregnancy after Lap-Band surgery: Management of the band to achieve healthy weight outcomes. ObesSurg 11:59, 2001 [PMID: 11361170]

21. Drewnowski A, Specter SE: Poverty and obesity: The role of energy density and energy costs. Am J ClinNutr 79:6, 2004 [PMID: 14684391]

22. Ehrenberg HM, Mercer BM, Catalano PM: The influence of obesity and diabetes on the prevalence of macrosomia. Am J ObstetGynecol 191:964, 2004 [PMID: 15467573]

23. Freedman DS, Khan LK, Serdula MK, et al: Trends and correlates of Class 3 obesity in the United States from 1990 through 2000. JAMA 288:1758, 2002 [PMID: 12365960]

24. Grace D, Zastrow A, Pressman E, et al: Completion rate of screening fetal

echocardiography in the obese gravida. Abstract No. 471. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine. 26-31 January 2009

25. Guelinckx I, Devlieger R, Vansant G: Reproductive outcome after bariatric surgery: a critical review. Hum Reprod Update 15(2):189, 2009

26. Gus M, Fuchs SC, Moreira LB, et al: Association between different measurements of obesity and the incidence of hypertension. Am J Hypertens 17:50, 2004 [PMID: 14700512]

27. Gabbe SG: Gestational diabetes mellitus. N Engl J Med 315(1986)

28. Haeri S, Guichard I, Baker AM, et al: The effect of teenage maternal obesity on perinataloutcomes. Obstet Gynecol. 113:300, 2009 [PMID: 19155898]

29. Hood DD, Dewan DM: Anesthetic and obstetric outcome in morbidly obese parturients. Anesthesiology 79:1210, 1993 [PMID: 8267196]

30. Houston MC, Raynor BD: Postoperative morbidity in the morbidly obese parturient woman: Supraumbilical and low transverse abdominal approaches. Am J ObstetGynecol 182(5):1033, 2000

31. Huang DY, Usher RH, Kramer MS, et al: Determinants of unexplained antepartum fetal deaths. ObstetGynecol 95:215, 2000 [PMID: 10674582]

32. Institute of Medicine: Weight gain during pregnancy: reexamining the guidelines. National Academy of Sciences. 28 May 2009

33. Isaacs JD, Magann EF, Martin RW, et al: Obstetric challenges of massive obesity complicating pregnancy. J Perinatol 14:10, 1994 [PMID: 8169671]

34. Kinoshita T, Itoh M: Longitudinal variance of fat mass deposition during pregnancy evaluated by ultrasonography: The ratio of visceral fat to subcutaneous fat in the abdomen. GynecolObstet Invest 61:115, 2006 [PMID: 16272815]

35. Kumari AS: Pregnancy outcome in women with morbid obesity. Int J GynaecolObstet 73:101, 2001 [PMID: 11336728]

36. LaCoursiere Y, Varner M: The association between prepregnancy obesity and postpartum depression, supported by NIH grant R03-HD-048865. Abstract No. 92. Presented at the 29th Annual Meeting of the Society for Maternal-Fetal Medicine. 26-31 January 2009

37. Lashen H, Fear K, Sturdee DW: Obesity is associated with increased risk of first trimester and recurrent miscarriage: Matched case-control study. Hum Reprod 19:1644, 2004 [PMID: 15142995]

38. Li R, Jewell S, Grummer-Strawn L: Maternal obesity and breast-feeding practices. Am J ClinNutr 77:931, 2003 [PMID: 12663294]

39. Lu GC, Rouse DJ, DuBard MA, et al: The effect of the increasing prevalence of maternal obesity on perinatal morbidity. Am J ObstetGynecol 185:845, 2001 [PMID: 11641663]

40. Lynch CM, Sexton DJ, Hession M, et al: Obesity and mode of delivery in primigravid and multigravid women. Am J Perinatol 25(3):163, 2008

41. Moore KA, Ouyang DW, Whang EE: Maternal and fetal deaths after gastric bypass surgery for morbid obesity. N Engl J Med. 351:721, 2004 [PMID: 15306679]

42. 442.Maasilta P, Bachour A, Teramo K, et al. Sleep-related disordered breathingduring pregnancy in obese women. Chest 2001; 120:1448±1454.This is a prospective controlled study investigating the effects of maternal obesityon sleep-related breathing.

43. National Heart, Lung, and Blood Institute. Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults: The Evidence Report. Washington, DC: Government Printing Office, 1998

44. Nohr EA, Bech BH, Davies MJ, et al: Pregnancy obesity and fetal death: A study within the Danish National Birth Cohort. ObstetGynecol 106:250, 2005 [PMID: 16055572]

45. O'Brien TE, Ray JG, Chan WS: Maternal body mass index and the risk of preeclampsia: A systematic overview. Epidemiology 14:368, 2003

46. Pleis JR, Senson V, Schiller JS: Summary health statistics for US Adults: National Health Interview Survey, 2000. National Center for Health Statistics. Vital Health Stat 10, 2003

47. Polley BA, Wing RR, Sims CJ: Randomized controlled trial to prevent excessive weight gain in pregnant women. Int J Obesity 26:1494, 2002 [PMID: 12439652]

48. Poobalan AS, Aucott LS, Gurung T, et al: Obesity as an independent risk factor for elective and emergency caesarean delivery in nulliparous women—systematic review and meta-analysis of cohort studies. Obes Rev 10:28, 2009 [PMID: 19021871]

49. Ramsay JE, Ferrell WR, Crawford L, et al: Maternal obesity is associated with dysregulation of metabolic, vascular, and inflammatory pathways. J ClinEndocrinolMetab 87:4231, 2002 [PMID: 12213876]

50. Rasmussen SA, Chu SY, Kim SY, et al: Maternal obesity and risk of neural tube defects; a metaanalysis. Am J ObstetGynecol 198(6):611, 2008

51. Rode L, Nilas L, Wøjdemann K, et al: Obesity-related complications in Danish single cephalic term pregnancies. ObstetGynecol 105:537, 2005 [PMID: 15738021]

52. Rooney BL, Schauberger CW. Excess pregnancy weight gain and long-termobesity: one decade later. ObstetGynecol 2002; 100:245±252.This study looked at the impact that excess weight gain during pregnancy andfailure to lose the weight postpartum had on the development of obesity yearslater.

53. Sebire NJ, Jolly M, Harris JP, et al: Maternal obesity and pregnancy outcome: A study of 287,213 pregnancies in London. Int J ObesRelatMetabDisord 25:1175, 2001 [PMID: 11477502]

54. Sewell MF, Huston-Presley L, Super DM, Catalano PM: Increased neonatal fat mass, not lean body mass, is associated with maternal obesity. Am J ObstetGynecol 195:1100, 2006 [PMID: 16875645]

55. Shaw GM, Todoroff K, Schaffer DM, et al: Maternal height and prepregnancy body mass index as risk factors for selected congenital anomalies. PaediatrPerinatEpidemiol 14:234, 2000 [PMID: 10949215]

56. Shaw GM, Velie EM, Schaffer D: Risk of neural tube defect–affected pregnancies among obese women. JAMA 275:1093, 1996 [PMID: 8601928]

57. Stephansson O, Dickman PW, Johansson A, et al: Maternal weight, pregnancy weight gain, and the risk of antepartum stillbirth. Am J ObstetGynecol 184:463, 2001 [PMID: 11228504]

58. Unterborn J. Pulmonary function testing in obesity, pregnancy, and extremes ofbody habitus. Clin Chest Med 2001; 22:759±767.This is a well written review on the effects of obesity and pregnancy on pulmonaryphysiology and pulmonary function testing

59. Watkins ML, Rasmussen SA, Honein MA, et al: Maternal obesity and risk for birth defects. Pediatrics 111:1152, 2003 [PMID: 12728129]

60. Weiss JL, Malon FD, Emig D, et al: Obesity, obstetric complications and cesarean delivery rate—a population based screening study. FASTER Research Consortium. Am J ObstetGynecol 190:1091, 2004 [PMID: 15118648]

61. Wittgrove AC, Jester L, Wittgrove P, et al: Pregnancy following gastric bypass for morbid obesity. ObesSurg 8:461, 1998 [PMID: 9731683]

62. Wolf M, Kettyle E, Sandler L, et al: Obesity and preeclampsia: The potential role of inflammation. ObstetGynecol 98:757, 2001 [PMID: 11704165]

63. Zieman M, Guillebaud J, Weisberg E, et al: Contraceptive efficacy and cycle

control with the Ortho Evra/Evra transdermal system: The analysis of pooled data. FertilSteril 77:S13, 2002

64. Myles TD, J Gooch, J Santolaya: Obesity as an independentrisk factor for infectious morbidity in patients who undergocesarean delivery. ObstetGynecol 100 (2002) 959

65. Abate N: Obesity and cardiovascular disease: Pathogenetic role of the metabolic syndrome and therapeutic implications. J Diabetes Complications 14:154, 2000 [PMID: 10989324]

ABBREVIATION

BMI – Body Mass index

GDM - Gestational Diabetes Milletus

PIH – Pregnancy Induced Hypertension

PPH – Postpartum Haemorrhage

CPD – Cephalopelvic disproportion

NICU – Neonatal intensive care unit

IOM – Institute of Medicine

NFHS – National Family Health Survey.

FASTER – First And Second Trimester Evaluation of Risk trial

CT – Computerised Tomography

MRI – Magnetic Resonance Imaging

PROFORMA

Name: Age:

Husband's name Date of admission

Address

Occupation

Socioeconomic status

Booking

Immunisation

H/o present illness

Menstrual history

Regular/ irregular

LMP:

EDD:

Marital history

Married since

Consanguinity

Obestetric history

G P L A

Last child birth

Previous delivery details

Personal history

Veg/ Non-veg

Tobacco/ betal nut chewer

Past medical history

H/o Diabetes, Hypertension, Hypothyriodism, Heart disease, Tuberculosis, Bronchial asthma, Epilepsy.

H/o any previous surgery or blood transfusion.

Present pregnancy

I Trimester

Hyperemesis

Fever

Radiation exposure

Medication

Pain abdomen/ Bleeding pv

II Trimester

Date of quickening

Gestational diabetes

PIH

Pain abdomen / Bleeding pv

III Trimester

Gestational diabetes

PIH

Bleeding pv / pain abdomen / draining pv

General Examination

Anemia

Pedal edema

Breast

Thyroid

Vitals

Pulse rate

Blood pressure

Respiratory rate

Prepregnancy weight

Weight at present

Height

Examination of Cardiovascular System

Examination of Respiratory System

Abdominal Examination

1. Growth of uterus
    a. Symphysiofundal Height
    b. Abdominal circumference
2. Weight gain during pregnancy
    a. Increasing
    b. Decreasing
3. Presentation of fetus
    a. Cephalic
    b. Breech
    c. Transverse

Gestational age at labour

a. Preterm
b. Term
c. Post dated

Associated AN Complication

a. PIH
b. Gestational diabetes
c. Anemia

Onset of labour

a. Induction

b. AccelerationType of delivery

a. Labour natural

b. Caesarean delivery

c. Instrumental delivery

Intrapartum Complication

a. Delay in progress

b. Incoordinate uterine contraction

c. Prolonged second stage

Third stage compliation

a. PPH

b. Retained placenta

Neonatal complication

a. Macrosomia

b. NICU admission

c. Intra uterine death.

MASTER CHART - CONTROL GROUP																				
S.NO	NAME	AGE	IPNO	PARITY	BMI	WT GAIN	UT GROWTH	PRESENTATION	GDM	PIH	ANEMIA	GA AT LABOUR	ONSET OF LABOUR	TYPE OF DELIVERY	INDICATION	IP COMPLICATION	3RD STAGE COMPLICATION	BABY WT	NICU	NICU ADMN	STIIBIRTH
1	SURIYA	23	7831	PRIMI	19.34	11.5	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
2	SANNA	25	3917	PRIMI	22.33	10.9	inc	c	NIL	MILD	NIL	T	NIL	EM LSCS	SP	NIL	NIL	2.4	NO	NIL	NO
3	JANAKI	21	8623	PRIMI	23.43	10.3	inc	c	NIL	MILD	NIL	T	NIL	EM LSCS	SP	NIL	NIL	2.6	NO	NIL	NO
4	REENA	22	3679	G2P1L1	18.99	10.6	inc	c	NIL	NIL	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	2.7	NO	NIL	NO
5	JEYANTHI	28	3611	G2P1L1	19.22	10.6	inc	c	NIL	NIL	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	3.3	NO	NIL	NO
6	VALARMATHY	29	3061	G2P1L1	22.33	11.8	inc	c	NIL	NIL	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	3.3	NO	NIL	NO
7	DEVIKA	32	3283	G2P1L1	22.33	12.1	inc	c	NIL	NIL	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	3.4	NO	NIL	NO
8	PRAVEENA	27	3605	G2P1L1	21.33	10.8	inc	c	NIL	NIL	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	2.8	NO	NIL	NO
9	JAWAHIRA	27	3589	G2P1L1	19.99	12.6	inc	c	NIL	NIL	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	2.7	NO	NIL	NO
10	KAVERI	26	4050	G2P1L1	23.32	10.8	inc	c	NIL	NIL	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	2.1	NO	NIL	NO
11	GUNASUNDARI	30	3938	G2P1L1	19.51	11.8	inc	c	NIL	NIL	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	2.6	NO	NIL	NO
12	SHAMEEM	29	3554	G2P1L1	22.32	12.5	inc	c	NIL	NIL	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	3	NO	NIL	NO
13	GLORY	28	8644	G2P1L1	21.21	12.4	inc	c	NIL	NIL	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	3	NO	NIL	NO
14	MALATHY	26	8934	G2P1L1	23.34	10.9	inc	c	NIL	MILD	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	2.9	NO	NIL	NO
15	KANCHANA	28	8632	G2P1L1	22	11.8	inc	c	NIL	NIL	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	3.2	NO	NIL	NO
16	LAKSHMI	30	6385	G2P1L1	21.21	10.4	inc	c	NIL	MILD	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	2.9	NO	NIL	NO
17	SUBBULAKSMI	21	6161	G2P1L1	21.33	12.5	inc	c	NIL	NIL	NIL	T	NIL	EMR LSCS	PREV LSCS	NIL	NIL	3.2	NO	NIL	NO
18	VASANTHI	20	3936	PRIMI	21.31	10.9	inc	c	NIL	MILD	NIL	PT	GI	LN	NIL	NIL	NIL	1.3	YES	PT	NO
19	DEVI	26	4723	PRIMI	23.44	10.5	inc	c	NIL	NIL	NIL	PT	NIL	LN	NIL	NIL	NIL	1.2	YES	PT	NO
20	KAVYIPRIYA	20	7632	PRIMI	22.45	11.9	inc	c	NIL	MILD	NIL	PT	NIL	LN	NIL	NIL	NIL	2.7	YES	PT	NO
21	SOPHIARANI	25	5712	PRIMI	20.33	12.5	inc	c	NIL	NIL	NIL	PT	OA	LN	NIL	NIL	NIL	1.5	YES	PT	NO
22	JENIFER	26	3582	PRIMI	23.03	12.5	inc	c	NIL	NIL	NIL	T	OA	IVD	NIL	NIL	NIL	2.9	NO	NIL	NO
23	VASANTHI	25	7037	PRIMI	19.99	10.9	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
24	GRACY	26	6967	PRIMI	19.88	10.8	inc	c	NIL	MILD	YES	T	GI	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
25	DEVI	26	4076	G2P1L1	19.76	10.2	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
26	PADMA	28	8456	G2P1L1	21	13	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
27	VALLI	27	6601	G2P1L1	21.34	1102	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
28	SHIVASANKARI	23	6209	G2P1L1	21.34	12.6	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
29	AMMU	23	5431	G2P1L1	23.03	12.1	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	3.6	NO	NIL	NO
30	REVATHI	27	4621	PRIMI	21.33	12.9	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	2	NO	NIL	NO
31	SRIBALA	22	4317	PRIMI	22.32	13	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
32	SAKILA	20	3544	PRIMI	21.34	10.8	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
33	KRITHIKA	23	8438	PRIMI	23.23	9.9	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
34	KUMARI	23	8432	PRIMI	21.21	12.5	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	3	NO	NIL	NO
35	CHITANYA	21	7511	PRIMI	22.45	10.8	inc	c	NIL	MILD	NIL	T	GI	LN	NIL	NIL	NIL	3.4	NO	NIL	NO
36	SUBHASHINI	21	6319	PRIMI	23.43	12.1	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
37	ANITHA	21	6051	PRIMI	21.23	11.5	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	3	NO	NIL	NO
38	DURGADEVI	24	5470	PRIMI	22.45	10.8	inc	c	NIL	MILD	NIL	T	GI	LN	NIL	NIL	NIL	2.7	NO	NIL	NO

39	ALLI	19	5335	PRIMI	19.33	12.5	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
40	DESARANI	20	2747	PRIMI	19	12.4	inc	c	NIL	NIL	NIL	T	GI	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
41	ANURADHA	26	7108	PRIMI	19.22	11.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
42	RASATHI	29	7231	PRIMI	19.88	13	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
43	PUGALARASI	21	7217	PRIMI	20.23	12.5	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
44	SATHYA	25	7225	PRIMI	22.43	12.3	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
45	PINKY	18	7137	PRIMI	24.54	11.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
46	MUTHUKALAI	22	6759	PRIMI	20.33	11.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3	NO	NIL	NO
47	KALAISELVI	34	4899	G2P1L1	23.43	12.4	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
48	VIJAYALAKSHMI	24	4761	G2P1L1	21.33	10.3	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
49	GRACE SHAKILA	24	4707	G2P1L1	23	10.2	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3	NO	NIL	NO
50	REVATHY BAI	27	4654	G2P1L1	21.34	11.1	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3	NO	NIL	NO
51	MADHINI	23	4599	G2P1L1	20.33	9.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.8	NO	NIL	NO
52	EPSY BEULA	24	4570	G2P1L1	21.31	10.4	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
53	LATHA	26	4329	G2P1L1	19.51	11.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
54	PARVEEN BANU	25	4066	G2P1L1	20.01	12.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
55	MALLIGA SULTANA	25	4264	G2P1L1	21.33	12.5	inc	c	NIL	NIL	YES	T	NIL	LN	NIL	NIL	NIL	3.3	NO	NIL	NO
56	KARTHIGA	24	4129	G2P1L1	24.2	11.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
57	RAGAVENI	21	4137	G2P1L1	20.66	11.5	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
58	SARANYA	21	4041	G2P1L1	22.34	11.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.3	NO	NIL	NO
59	BARATHI	27	4033	G2P1L1	23.66	11.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
60	VELANKANNI	22	8512	G2P1L1	20.55	10.5	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
61	MAHALAKSHMI	29	3764	G2P1L1	21.34	10.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
62	KAVITHA	27	3645	G2P1L1	20.45	12.5	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
63	VISALATCHI	29	8174	G2P1L1	23.32	10.3	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
64	MALINI	23	7992	G2P1L1	21.33	10.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
65	LAVANYA	22	3692	G2P1L1	21.22	10.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
66	SUGANYA	22	7981	G2P1L1	20.45	11.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
67	LALITHA	33	7800	G2P1L1	19.88	12.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3	NO	NIL	NO
68	GOMATHY	25	7674	G2P1L1	21.21	12.4	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.3	NO	NIL	NO
69	SARADHADEVI	32	7584	G2P1L1	22.33	11.9	inc	c	NIL	MILD	NIL	T	NIL	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
70	SHANTHI	30	7202	G2P1L1	21.34	10.3	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.3	NO	NIL	NO
71	CHITRA	20	7624	G2P1L1	20.33	11.2	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
72	VETTRISELVI	29	7581	G2P1L1	21.23	12.1	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
73	JEEVA	22	7098	G2P1L1	20.33	10.2	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
74	PENCILLAMMA	29	7364	G2P1L1	21.22	10.4	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
75	KASALIFATHIIMA	26	7242	G2P1L1	18.99	10.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.3	NO	NIL	NO
76	JEYA	25	7266	G2P1L1	19.45	11.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
77	KAJABEE	25	7291	G2P1L1	19.34	11.2	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.4	NO	NIL	NO
78	TAMILSELVI	21	6251	G2P1L1	21.21	11.5	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.3	NO	NIL	NO
79	THIRUVENI	20	7070	G2P1L1	23.43	12.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
80	NAGARANI	21	7201	G2P1L1	23.33	12.4	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
81	AMUDHA	24	7083	G2P1L1	23	11.3	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.3	NO	NIL	NO
82	NAMITHA	30	7103	G2P1L1	22.22	12.3	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
83	SHERIN	28	6677	G2P1L1	23.44	11.1	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
84	SUNITHA	22	7068	G2P1L1	21.34	11.1	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
85	INDHU	24	6902	G2P1L1	22.43	13	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
86	NIRMALA	29	6711	G2P1L1	21.34	10.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
87	DIVYA	22	6649	G2P1L1	22.33	12.5	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3	NO	NIL	NO
88	MEGALA	25	6581	G2P1L1	21.23	12.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
89	DHAVAMATHI	25	6766	G2P1L1	22.45	12.5	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
90	PARAMESHWARI	25	6667	G2P1L1	21.33	10.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
91	RENUKA	23	6142	G2P1L1	20.45	10.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
92	MEERA	25	6071	G2P1L1	19.34	11.1	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
93	SHABANABEGAM	26	5893	G2P1L1	21.34	11.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.1	NO	NIL	NO

94	VALLIAMMA	26	5822	G2P1L1	21.22	12.5	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
95	SUJATHA	32	5584	G2P1L1	22.43	12.3	inc	c	NIL	MILD	NIL	T	NIL	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
96	KAMALADEVI	24	5524	G2P1L1	22.33	11.1	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
97	VANITHA PRIYA	20	4897	PRIMI	21.21	12.5	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
98	SHARMILA	24	4871	PRIMI	22.43	13	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
99	DHANALAKSHMI	26	4575	PRIMI	22.33	10.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
100	VANITHA	27	4721	PRIMI	22.22	12.3	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
101	JEYALAKSHMI	26	4889	PRIMI	19.99	10.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
102	REVATHY	25	4588	PRIMI	19.33	10.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.4	NO	NIL	NO
103	SALMA	20	4249	PRIMI	20.2	10.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
104	NIRMALADEVI	22	4229	PRIMI	21.22	10.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.8	NO	NIL	NO
105	SARASU	22	4118	PRIMI	22.22	11.1	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	**2**	NO	NIL	NO
106	MAHESWARI	21	4165	PRIMI	23.34	10.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
107	PRIYADARSHINI	22	4096	PRIMI	21.04	9.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
108	DIVYA	19	4044	PRIMI	21.22	10.4	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2	NO	NIL	NO
109	ZUBAITHA	18	3797	PRIMI	21.23	11.5	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
110	PUSPHALATHA	26	3767	PRIMI	21.44	11.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3	NO	NIL	NO
111	ANJALAI	26	8234	PRIMI	23.22	11.5	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3	NO	NIL	NO
112	MARY	22	8042	PRIMI	20.33	9.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
113	KOKILA	24	8027	PRIMI	22.66	10.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
114	JESSY	23	7959	PRIMI	19.04	13	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
115	THILAGAVATHY	23	7853	PRIMI	21.22	12.1	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
116	SRUTHI	21	7882	PRIMI	18.99	10.3	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
117	SWEETHA	19	7727	PRIMI	22.32	11.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3.3	NO	NIL	NO
118	ARULMARY	19	7683	PRIMI	21.23	10.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
119	REVATHY	21	6888	PRIMI	22.32	10.4	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
120	SNEKA	21	7374	PRIMI	21.34	11.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.3	NO	NIL	NO
121	VIJAYA	24	7524	PRIMI	21.33	12.3	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
122	ANJU	20	4834	PRIMI	22.33	10.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	3	NO	NIL	NO
123	POWNU	27	6078	PRIMI	19.45	12.3	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
124	SARIDHA	20	5858	PRIMI	21.44	10.4	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
125	SRIBARATHI	22	3615	PRIMI	19.04	12.4	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
126	GNANESHWARI	20	5730	PRIMI	19.45	10.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
127	MANIBARATHI	20	5147	PRIMI	24.54	9.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
128	NAGOMI	22	5486	PRIMI	22.33	10.6	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
129	DILSATH	20	5322	PRIMI	21.33	10.4	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
130	SWEETY	27	5321	PRIMI	23	10.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
131	MALAR	23	5437	PRIMI	22.22	11.8	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
132	PACHAIYAMMAL	20	5444	PRIMI	23.44	11.9	inc	c	NIL	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
133	SARANYA	23	7499	PRIMI	21.44	10.9	inc	c	NIL	MILD	NIL	T	OA	LN	NIL	NIL	NIL	3.4	NO	NIL	NO
134	DIVYA BARATHI	22	7400	PRIMI	21.34	9.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
135	NAHOORMEERA	29	7134	PRIMI	22.33	11.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
136	VASANTHI	21	3662	PRIMI	19.34	10.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
137	USHA	27	7035	PRIMI	21.33	9.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
138	NALINI	20	6926	PRIMI	19.33	10.4	inc	c	NIL	NIL	YES	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
139	SUMITHRA	23	6965	PRIMI	21.21	11.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
140	DHANALAKSHMI	19	6907	PRIMI	23.43	11.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
141	RAMYA	23	6723	PRIMI	22.45	10.3	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	**2**	NO	NIL	NO
142	RESHMA BEGAM	19	6607	PRIMI	20.33	9.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
143	ELAKKIYA	23	6613	PRIMI	22.66	9.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
144	BAVYA	19	3655	PRIMI	21.21	11.1	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
145	MAYA	22	4988	G2P1L1	20.23	12.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
146	ASEENA	21	4653	G2P1L1	22.33	11.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
147	ANANDHI	26	4195	G2P1L1	24.54	11.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
148	JEEVA	23	4450	G2P1L1	22.45	12.5	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO

149	SURYA	22	4441	G2P1L1	21.34	12.1	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
150	THAMARISELVI	21	3571	G2P1L1	23.44	11.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
151	KAVYA	23	3889	G2P1L1	21.21	11.5	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
152	JEYANTHI	26	4273	G2P1L1	19.5	10.3	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
153	GEETHA	28	4125	G2P1L1	20.33	10.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
154	GOVINDAMMAL	26	3732	G2P1L1	23.99	12.1	inc	c	NIL	NIL	YES	T	OA	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
155	SHAKILA	27	3979	G2P1L1	21.89	10.4	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
156	MALLIGA	28	3911	G2P1L1	22.44	12.1	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
157	BANUPRIYA	22	3926	G2P1L1	20.2	10.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
158	SAILAJA	23	1140	G2P1L1	21.33	11.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
159	RUPA	28	8956	G2P1L1	21.56	12.3	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
160	PRASANNA	27	8788	G2P1L1	20.8	10.4	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	**2**	NO	NIL	NO
161	LEELAVATHY	28	8721	G2P1L1	23.89	10.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
162	ASHA	28	8214	G2P1L1	19.3	11.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2	NO	NIL	NO
163	SAVITHRI	29	8432	G3P1LIAI	19.8	11.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
164	SASIKALA	29	8523	G3P1LIAI	23.23	11.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
165	SARALA	28	8348	G2P1L1	20	10.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
166	RANI	26	8622	G2P1L1	22.21	10.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	4.1	NO	NIL	NO
167	LAKSHMI	26	4002	G3P1LIAI	21.23	12.3	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
168	NATHIYA	200	7576	G3P1LIAI	21.44	10.4	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
169	SUNITHA	21	7932	G3P1LIAI	20.33	11.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
170	SANDHIYA	18	7869	G3P1LIAI	19.45	12.5	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
171	LAKSMI	23	7579	G3P1LIAI	20.23	12.5	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
172	SELVI	23	7327	G3P1LIAI	19.04	12.1	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
173	RAJALAKSHMI	26	7224	G3P1LIAI	22.33	12.5	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.3	NO	NIL	NO
174	DEEPA	23	7088	G2P1L1	21.33	10.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
175	SANGEETHA	25	7110	G3P1LIAI	23.03	10.3	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.4	NO	NIL	NO
176	RADHIKA	27	7033	G2P1L1	20.33	10.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.3	NO	NIL	NO
177	SARANYA	26	6961	G2P1L1	19.34	12.1	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
178	TAMILSELVI	21	3545	G3P1LIAI	19.33	11.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
179	FARITHA	28	6709	G3P1LIAI	22.32	11.5	inc	c	NIL	MILD	YES	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
180	SYEDALIFATHIMA	30	6619	G2P1L1	21.33	9.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
181	SURYAPRIYA	24	6567	G2P1L1	21.44	10.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3	NO	NIL	NO
182	ANANTHY	28	6583	G3P1LIAI	20.45	12.3	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
183	FATHIMA	23	6548	G3P1LIAI	21.22	9.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
184	ROSE	27	6549	G3P1LIAI	19.04	10.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
185	SUGANYA	22	6450	G3P1LIAI	19.34	11.1	inc	c	NIL	MILD	NIL	T	OA	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
186	DIVYA	24	6303	G3P1LIAI	22.43	11.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.1	NO	NIL	NO
187	MEENACTHI	23	6342	G3P1LIAI	24.54	11.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
188	BANU	26	6262	G4P1LIA3	20.2	12.3	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
189	SUDHA	24	6192	G4P1LIA3	19.51	10.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
190	JAYASHREE	21	6163	G2P1L1	20.33	12.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
191	REKHA	24	6154	G3P1LIAI	21.44	9.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
192	UMAYAL	22	6126	G3P1LIAI	20.33	10.3	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.4	NO	NIL	NO
193	NIRMALA	22	6117	G2P1L1	21.22	10.02	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.3	NO	NIL	NO
194	SARIDHA	23	6091	G2P1L1	18.99	12.1	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
195	SHOBANA	27	6030	G3P1LIAI	20.23	10.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3	NO	NIL	NO
196	SRIDEVI	25	6015	G3P1LIAI	22.33	10.6	inc	c	NIL	MILD	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
197	LATHA	28	6002	G3P1LIAI	21.23	12.1	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
198	KANIMOZHI	21	5940	G3P1LIAI	20.33	11.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
199	MONISHA	24	5930	G3P1LIAI	21.33	11.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
200	LAKSHMI	25	3348	G3P1LIAI	24.54	12.5	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.6	NO	NIL	NO
201	ANJALIDEVI	20	5786	G4P1LIA3	18.99	11.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
202	SATHYABAMA	24	5718	G4P1LIA3	19.22	11.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
203	DEEPIKA	21	5599	G4P1LIA3	21.21	11.5	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.7	NO	NIL	NO

204	MALARVIZHI	24	5570	G4P1LIA3	23.43	10.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
205	SUMATHY	32	5280	G4P1LIA3	23.33	10.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
206	MARY	23	5449	G4P1LIA3	20.33	13	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
207	ARCHANA	25	5300	G4P1LIA3	19.34	12.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
208	NANDHINI	20	5184	PRIMI	19.88	11.5	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
209	MALARVIZHI	21	3601	PRIMI	23	10.02	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
210	KEERTHI	24	4693	PRIMI	23.03	12.4	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.9	NO	NIL	NO
211	NITYA	26	4461	PRIMI	22.33	11.2	inc	c	NIL	NIL	YES	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
212	NEHA	23	4453	PRIMI	21.23	10.4	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
213	MAHESWARI	24	4342	PRIMI	22.22	10.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
214	JEYALAKSHMI	23	4246	PRIMI	22.34	12.4	inc	c	NIL	MILD	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
215	ZEENATH	29	4010	PRIMI	21.21	11.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
216	SHARADHA	23	3991	PRIMI	20.33	13	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
217	PRIYA	22	3067	PRIMI	20.33	12.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
218	JANANI	19	3772	PRIMI	21.33	12.5	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.3	NO	NIL	NO
219	TAMILARASI	24	3505	PRIMI	20.33	10.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
220	KRISHNAVENI	25	8988	PRIMI	22.8	10.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
221	SUGUNA	22	8733	PRIMI	23.01	12.1	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3	NO	NIL	NO
222	DARANI	25	8654	PRIMI	23.32	11.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
223	MARIAMMAL	24	8532	PRIMI	22.11	12.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
224	SATYAVANI	21	8666	PRIMI	22.22	11.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
225	VASUKI	25	8324	PRIMI	23.33	10.3	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
226	VIJAYA	20	3894	PRIMI	21.34	10.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
227	SIDDIQFATHIMA	18	8010	PRIMI	21.34	12.1	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.5	NO	NIL	NO
228	RAMYA	19	7643	PRIMI	21.22	11.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
229	GOMATHY	21	7357	PRIMI	18.99	10.4	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.4	NO	NIL	NO
230	NITYA	28	7767	PRIMI	19.04	10.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
231	YUVARANI	22	3481	PRIMI	19.04	11.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
232	SABOORNISHA	23	7510	PRIMI	22.66	11.1	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
233	DURVESHNISH	21	6550	PRIMI	20.33	10.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
234	VIMALA	20	6534	PRIMI	18.99	10.4	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
235	GUNAVATHY	30	6444	PRIMI	22.44	12.1	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
236	NAGAMMAL	18	6492	PRIMI	19.88	10.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.4	NO	NIL	NO
237	BHARATHI	21	6487	PRIMI	20.23	10.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.3	NO	NIL	NO
238	MADUMATHI	27	3252	PRIMI	23.43	10.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.3	NO	NIL	NO
239	SAKILA	21	6344	PRIMI	23.33	11.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3	NO	NIL	NO
240	AMUDHA	28	6324	PRIMI	21.33	13	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
241	BAVANI	21	3652	PRIMI	22.43	13	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.2	NO	NIL	NO
242	DHIVYA	19	6196	PRIMI	22.32	11.8	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
243	KALPANA	22	6165	PRIMI	21.34	11.5	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.6	NO	NIL	NO
244	SHEELADEVI	21	6150	PRIMI	21.34	11.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
245	ALMAS	20	6046	PRIMI	19.04	11.1	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.1	NO	NIL	NO
246	HASIRABANU	24	5976	PRIMI	19.22	10.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3	NO	NIL	NO
247	SUBATHRADEVI	23	6061	PRIMI	19.88	10.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.3	NO	NIL	NO
248	BHUVANESHWARI	19	6033	PRIMI	21.21	9.9	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.7	NO	NIL	NO
249	RAJESWARI	20	6012	PRIMI	22.32	10.4	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
250	VIDHYA	21	5864	PRIMI	22.66	13	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3	NO	NIL	NO
251	MANJU	22	5816	PRIMI	21.34	11.5	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.8	NO	NIL	NO
252	IYYAMMAL	27	5878	PRIMI	20.45	12.6	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
253	MAHALAKSHMI	20	5716	PRIMI	19.34	10.3	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	3.1	NO	NIL	NO
254	KANIMOZHI	24	5450	PRIMI	21.34	11.2	inc	c	NIL	NIL	NIL	T	OA	LN	NIL	NIL	NIL	2.9	NO	NIL	NO
255	SARASWATHI	22	5413	PRIMI	19	11.5	inc	c	NIL	MILD	NIL	T	OA	LN	NIL	NIL	NIL	2.3	NO	NIL	NO
256	SUSEELA	24	8701	PRIMI	23.54	12.3	inc	b	NIL	NIL	NIL	T	NIL	EM LSCS	BREECH	NIL	NIL	2.4	NO	NIL	NO
257	SATYA	20	3915	PRIMI	22.45	11.1	inc	b	NIL	NIL	NIL	T	NIL	EM LSCS	BREECH	NIL	NIL	2.7	NO	NIL	NO

258	RADHA	22	5646	PRIMI	20.23	12	inc	b	NIL	NIL	NIL	T	NIL	EM LSCS	BREECH	NIL	NIL	2.5	NO	NIL	NO
259	JOHARA	23	4792	G4P1LIA3	23.33	10.2	inc	b	NIL	NIL	NIL	T	NIL	EM LSCS	BREECH	NIL	NIL	2.5	YES	MAS	NO
260	DEVI	27	3688	PRIMI	22.66	12.4	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	FD	NIL	NIL	2.4	NO	NIL	NO
261	MANJULA	23	8945	PRIMI	22.56	11.1	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	FD	NIL	NIL	2.3	NO	NIL	NO
262	PARVATHY	18	4016	PRIMI	22	11.8	inc	c	NIL	NIL	NIL	T	GI	EM LSCS	FD	NIL	NIL	3.6	YES	MAS	NO
263	SIVAGAMI	23	8311	PRIMI	20.44	10.02	inc	c	NIL	MILD	NIL	T	GI	EM LSCS	FD	NIL	NIL	3.2	YES	MAS	NO
264	KOWSALYA	23	8756	PRIMI	22.66	12.3	inc	c	NIL	MILD	NIL	T	GI	EM LSCS	FD	NIL	NIL	2.5	YES	MAS	NO
265	SHAMEEMA	24	7850	PRIMI	19.22	11.1	inc	c	NIL	MILD	NIL	T	GI	EM LSCS	FD	NIL	NIL	3.3	YES	MAS	NO
266	MEENA	28	5477	PRIMI	22.33	10.4	inc	c	NIL	MILD	NIL	T	GI	EM LSCS	FD	NIL	NIL	2.5	YES	MAS	NO
267	JENNI	24	4424	PRIMI	20.33	11.8	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	FD	NIL	NIL	2.7	YES	MAS	NO
268	SARITHA	25	4169	PRIMI	19.23	11.9	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	FD	NIL	NIL	3.4	YES	MAS	NO
269	DOWLATH BANU	23	3821	PRIMI	22.45	10.6	inc	c	NIL	MILD	NIL	T	NIL	EM LSCS	FD	NIL	NIL	3.2	YES	MAS	NO
270	KANNIKA	21	3807	PRIMI	21.34	10.3	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	FD	NIL	NIL	2.7	YES	MAS	NO
271	UMAVATHI	21	8411	PRIMI	21.65	10.2	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	FD	NIL	NIL	2.7	YES	MAS	NO
272	MUTHULAKSHMI	21	7360	PRIMI	20.45	10.9	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	FD	NIL	NIL	3.2	YES	MAS	NO
273	MAHESWARI	22	3667	PRIMI	19.45	9.9	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	FD	NIL	NIL	3.1	YES	MAS	NO
274	MAHA	23	6885	PRIMI	20.23	11.9	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	FD	NIL	NIL	2.9	YES	MAS	NO
275	RAJESWARI	23	3633	PRIMI	19.88	10.6	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	FD	NIL	NIL	2.8	YES	MAS	NO
276	VAKITA	23	3500	PRIMI	23.33	12.1	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	FD	NIL	NIL	3	YES	MAS	NO
277	VALLI	24	5424	PRIMI	21.33	10.8	inc	c	NIL	NIL	NIL	T	OA	EM LSCS	FD	NIL	NIL	2.8	YES	MAS	NO
278	GAYATHIRI	20	6666	PRIMI	21.34	12.4	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	3.1	NO	NIL	NO
279	KANIMOZHI	23	3575	PRIMI	20.23	11.8	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	2.7	NO	NIL	NO
280	NABEESA BEGAM	28	4322	G4P1LIA3	21.34	11.9	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	3.2	NO	NIL	NO
281	RANJANI	20	4058	PRIMI	23.33	11.9	inc	c	NIL	NIL	YES	T	NIL	EM LSCS	CPD	NIL	NIL	3.3	NO	NIL	NO
282	ANITHA	22	4170	PRIMI	23.32	12.3	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	2.9	NO	NIL	NO
283	PUSPHA	26	2953	PRIMI	21.34	12.5	inc	c	NIL	MILD	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	2.8	NO	NIL	NO
284	UMA	20	8333	PRIMI	22.32	11.9	inc	c	NIL	MILD	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	2.5	NO	NIL	NO
285	CHANDRA	24	8431	PRIMI	22.44	11.8	inc	c	NIL	MILD	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	3.2	NO	NIL	NO
286	RADHA	22	8754	PRIMI	22.33	12.4	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	3.4	NO	NIL	NO
287	YAMINI	23	6288	PRIMI	21.31	11.8	inc	c	NIL	MILD	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	3.2	NO	NIL	NO
288	LAVANYA	19	6143	PRIMI	22.45	12.5	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	3.4	NO	NIL	NO
289	NAGARATHINAM	20	5994	PRIMI	22.66	12.4	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	3.2	NO	NIL	NO
290	SENTHAMARAI	22	5656	PRIMI	19.88	10.02	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	3.3	NO	NIL	NO
291	SHOBANA	24	3577	PRIMI	22.22	12.1	inc	c	NIL	NIL	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	2.9	NO	NIL	NO
292	ANU	25	6729	G4P1LIA3	22.66	11.4	inc	tran	MEALPLAN	NIL	NIL	T	NIL	EM LSCS	TRAN LIE	NIL	NIL	2.4	YES	GDM	NO
293	KANNIAMMAL	23	4008	G4P1LIA3	22.45	11.8	inc	c	MEALPLAN	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.5	YES	GDM	NO

294	ARPUTHAM	29	5330	G2P1L1	19.99	10.3	inc	c	MEALPLAN	NIL	NIL	T	NIL	LN	NIL	NIL	NIL	2.7	YES	GDM	NO
295	DHANALAKSHMI	27	7922	PRIMI	19.22	13	inc	c	MEALPLAN	NIL	NIL	T	OA	IVD	NIL	NIL	NIL	2.6	YES	GDM	NO
296	NADHIYA	24	6329	PRIMI	22.33	11.3	inc	b	MEALPLAN	NIL	NIL	T	NIL	EM LSCS	BREECH	NIL	NIL	2.4	YES	GDM	NO
297	KOTTESWARI	20	6563	PRIMI	21.34	11.2	inc	c	MEALPLAN	NIL	NIL	T	NIL	EM LSCS	BREECH	NIL	NIL	2.5	YES	GDM	NO
298	ALAMELU	23	8432	PRIMI	22.22	11.9	inc	c	MEALPLAN	NIL	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	3.2	YES	GDM	NO
299	BRINDHA	21	3614	PRIMI	20.33	11.2	inc	c	MEALPLAN	NIL	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	3	YES	GDM	NO
300	KANNIAMMAL	19	7438	PRIMI	20.33	12.5	inc	c	MEALPLAN	NIL	NIL	T	NIL	EM LSCS	CPD	NIL	NIL	3.1	YES	GDM	NO

MASTER CHART - OBESE GROUP																					
S.NO	NAME	AGE	IP NO	PARITY	BMI	WT GAIN	UTERINE GROWTH	PRESENTATION	GDM	PIH	ANEMIA	GA AT LABOUR	ONSET OF LABOUR	TYPE OF DELIVERY	INDICATION	INTRAPARTUM COMP	THIRD STAGE COMP	BABY WT IN KG	NICU CARE	INDICATION	STILLBIRTH
1	Nandhini	23	19749	primi	34.22	8	inc	c	NO	severe	NO	PT	nil	EM LSCS	SP	nil	nil	1.5	yes	PT	NO
2	Bavani	29	10125	primi	31.2	8.8	inc	c	INSULIN	nil	NO	T	nil	EL LSCS	CPD	nil	nil	3.4	yes	GDM	NO
3	Rekha	32	11082	G4P1L1A1	41.86	7.8	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
4	Dharaselvi	27	13021	G2P1L1	32.88	7.6	inc	c	no	mild	YES	T	GI	LN	nil	nil	nil	3.8	no	NO	NO
5	Ambika	35	13075	G3P1L1A1	34.15	6.8	inc	c	no	nil	NO	T	OA	LN	nil	nil	PPH	3.75	no	NO	NO
6	Taj begam	24	12296	G3P1L1A1	37.39	8.7	inc	c	no	yes	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
7	Reshma	20	12843	primi	31.18	9	inc	c	no	severe	NO	PT	nil	EM LSCS	CPD	nil	nil	2.56	yes	PT	NO
8	Kavitha	26	12623	G2P1L1	30.4	8.8	inc	c	no	severe	NO	T	OA	LN	nil	nil	nil	3.4	no	NO	NO
9	Estherclara	21	12186	primi	30.35	8.7	inc	c	no	mild	NO	T	OI	EM LSCS	FD	nil	nil	3.6	no	NO	NO
10	Thamarai selvi	27	11568	primi	34.96	8.9	inc	c	no	nil	NO	PT	nil	EM LSCS	FD	nil	nil	2.7	yes	PT	NO
11	Tamilselvi	21	13797	primi	31.16	7.6	inc	c	no	mild	NO	T	nil	EM LSCS	CPD	DP	nil	3	no	NO	NO
12	Nancy Rani	20	12613	primi	34.66	7.5	inc	c	no	mild	NO	T	OI	EM LSCS	FD	DP	nil	3.5	no	NO	NO
13	Yasmin parveen	23	12313	primi	36.79	7.7	inc	b	no	mild	NO	T	nil	EM LSCS	BREECH	nil	nil	3.9	no	NO	NO
14	Sripriya	31	12724	G3P1L1A1	30.75	6.8	inc	c	no	severe	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.4	no	NO	NO
15	Manimegalai	32	12746	G2P1L1	42.32	6.9	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
16	Nalini	22	12612	primi	30.35	8.6	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.6	no	NO	NO
17	Manimegalai	24	11758	G2P1L1	31.55	8.8	inc	c	no	nil	NO	PT	nil	LN	nil	nil	nil	2.4	yes	PT	NO
18	Hemavathi	26	11851	G3P1L1A1	33.29	8.9	inc	c	no	mild	NO	T	OI	LN	nil	nil	nil	3.6	no	NO	NO
19	Nowsath	23	12228	primi	35.11	9	inc	c	no	mild	NO	T	OI	LN	nil	nil	nil	3.7	no	NO	NO
20	Rajalakshmi	38	12066	G3P2L1	31.29	9.6	inc	c	No	nil	NO	T	GI	LN	nil	nil	nil	3.5	no	NO	NO
21	Amala	27	12423	G5PILIA3	31.34	9.2	inc	c	NO	nil	YES	T	nil	LN	nil	nil	nil	3.8	no	NO	NO
22	Victoria	25	11149	G2P1L1	32.45	6.5	inc	c	NO	mild	NO	T	OA	LN	nil	nil	nil	3.4	no	NO	NO
23	Vinnasari vimala	26	12475	G3P1L1A1	33.29	6.6	inc	c	NO	severe	NO	T	nil	EM LSCS	SP	nil	nil	3	no	NO	NO
24	Hasinabegam	24	9104	G2P1L1	36.57	6.4	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
25	Rafunisha	22	8871	primi	32.46	8.8	inc	c	no	mild	NO	T	OI	EM LSCS	FI	DP	nil	3.4	no	NO	NO
26	Prema	24	14589	primi	36.31	7.8	inc	c	no	mild	NO	T	OI	EM LSCS	CPD	nil	nil	3.5	yes	MAS	NO
27	Velankanni	28	13601	G6P1L1A4	30.38	7.6	inc	c	NO	NIL	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.8	no	NO	NO
28	Jeyanthi	27	14036	G4P1L0A2	34.51	6.8	inc	c	no	nil	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.75	no	NO	NO
29	Subha	32	14207	G3P1L1A1	32.87	8.7	inc	c	no	nil	NO	T	nil	ELR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
30	Priya	28	13434	G2P1L1	31.07	9	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.9	no	NO	NO
31	Meharunisha	31	13501	primi	34.66	8.8	inc	c	no	mild	NO	T	OI	EM LSCS	FD	DP	nil	3.4	yes	MAS	NO
32	Satya	22	13253	G2P1L0	32.29	8.7	inc	c	INSULIN	nil	NO	T	nil	EL LSCS	PREV LSCS	nil	nil	3.8	yes	GDM	NO

33	Yasmin	23	6233	primi	32.45	8.9	inc	c	MEALPLAN	mild	NO	T	OA	EMLSCS	FI	DP	nil	3.6	yes	GDM	NO
34	Dharanidevi	26	6874	G2P1L1	30.84	7.6	inc	c	MEALPLAN	mild	NO	T	nil	EMRLSCS	PREVLSCS	nil	nil	3.5	yes	GDM	NO
35	Neela	30	6109	G2P1L1	30.84	7.5	inc	c	no	mild	NO	T	nil	ELRLSCS	PREVLSCS	nil	nil	3.5	no	NO	NO
36	Anandhi	28	6583	G5P2L2A2	34.23	7.7	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.9	no	NO	NO
37	Yuvarani	28	5225	G2P1L1	31.2	6.8	inc	c	no	mild	NO	T	nil	EMRLSCS	PREVLSCS	nil	nil	3.4	yes	MAS	NO
38	Nashira banu	26	4456	primi	32.43	6.9	inc	c	no	mild	NO	T	GI	EMLSCS	FI	DP	nil	3.5	no	NO	NO
39	Shameem	29	3554	G2P1L1	36.9	8.6	inc	b	INSULIN	mild	NO	T	nil	EMRLSCS	PREVLSCS	nil	nil	4	yes	GDM	NO
40	Chitra	23	4549	primi	33.32	8.8	inc	c	no	mild	NO	T	nil	EMLSCS	CPD	nil	nil	3.8	no	NO	NO
41	Shyamaladevi	24	4835	G2P1L1	34.66	8.9	inc	c	NO	mild	NO	T	nil	EMRLSCS	PREVLSCS	nil	nil	3.5	yes	MAS	NO
42	Velankanni	23	4318	G2P1L1	33.33	9	inc	c	NO	mild	NO	T	nil	EMRLSCS	PREVLSCS	nil	nil	3.8	no	NO	NO
43	Banu	24	6262	G2P1L1	31.13	9.6	inc	c	no	mild	YES	T	OA	LN	nil	nil	nil	3.75	no	NO	NO
44	Sariya	26	6349	G3p1l1A1	31.14	9.2	inc	c	no	mild	NO	T	nil	EMLSCS	PREVLSCS	nil	nil	3.5	no	NO	NO
45	Shabinisha	36	7105	G3P2L2	32.04	6.5	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.4	no	NO	NO
46	Satyakala	26	7421	G3P1L1A1	31.63	6.6	inc	c	NO	mild	NO	T	nil	EMRLSCS	PREVLSCS	nil	nil	3.5	no	NO	NO
47	Selvi	42	7373	G3P2L2	32	7	inc	c	NO	mild	NO	T	nil	ELRLSCS	PREVLSCS	nil	nil	3.8	no	NO	NO
48	Vatchala	32	7180	G4p1L1A2	32.889	7.5	inc	c	MEALPLAN	nil	NO	T	nil	ELRLSCS	PREVLSCS	nil	nil	3.75	yes	GDM	NO
49	Vigneshwari	18	7419	primi	37.83	7.8	inc	c	no	mild	NO	T	GI	EMLSCS	FD	nil	nil	3.5	No	NO	NO
50	Tamilselvi	20	7070	G4P1L1A2	33.77	7.2	inc	c	NO	nil	YES	T	OA	LN	nil	nil	nil	3.4	no	NO	NO
51	Vijiyalakshmi	29	7903	G2P1L1	32.89	7.4	inc	c	NO	mild	YES	T	OA	LN	nil	nil	RP	3.5	no	NO	NO
52	Gayathri	27	7847	primi	33.29	6.8	inc	c	no	mild	NO	T	OA	EMLSCS	FD	nil	nil	3.8	yes	MAS	NO
53	Manimegalai	22	6514	G2P1L1	31.14	6.5	inc	c	NO	mild	NO	PT	nil	ELRLSCS	PREVLSCS	nil	nil	2.9	yes	PT	NO
54	Christinajosphine	30	5957	G2P1L1	32.81	8	inc	t	INSULIN	nil	NO	T	nil	ELRLSCS	TRAN	nil	nil	3.5	yes	GDM	NO
55	Bakiyalakshmi	23	7827	primi	32.04	8.2	inc	c	no	mild	NO	T	OA	EMLSCS	CPD	nil	nil	3.9	no	NO	NO
56	Femina	27	7925	primi	30.66	7.3	inc	c	no	mild	NO	T	OI	EMLSCS	FD	nil	nil	3.4	yes	MAS	NO
57	Marium fathima	27	7660	G3P1L1A1	37.46	7.2	inc	c	NO	mild	NO	T	nil	EMRLSCS	PREVLSCS	nil	nil	3.6	no	NO	NO
58	Shahin begam	24	8023	G2P1L1	37.5	7	inc	c	INSULIN	mild	NO	T	OA	LN	nil	nil	nil	3.8	yes	GDM	NO
59	Uma maheswari	30	8090	G2P1L1	31.73	7.5	inc	c	no	nil	NO	T	nil	EMRLSCS	PREVLSCS	nil	nil	3.8	no	NO	NO
60	Jeyalakshmi	32	7646	G2P1L1	40.37	7.8	inc	c	no	severe	NO	PT	nil	EMRLSCS	PREVLSCS	nil	nil	3	yes	PT	NO
61	Pramila	26	8338	G2P1L1	32.32	7.2	inc	c	NO	mild	NO	T	nil	EMRLSCS	PREVLSCS	nil	nil	3.9	no	NO	NO
62	Mumtaz begam	31	8197	primi	35.33	7.4	inc	c	no	severe	NO	T	nil	EMLSCS	SP	nil	nil	3.4	no	NO	NO
63	Thahira begam	30	7849	G2P1L1	32.03	6.8	inc	c	no	severe	NO	PT	nil	EMRLSCS	PREVLSCS	nil	nil	3	yes	PT	NO
64	Nisha	19	7365	primi	34.19	6.5	inc	c	no	severe	NO	PT	nil	EMLSCS	SP	nil	nil	2.7	yes	NO	YES
65	Jabeen sulthana	23	9427	primi	31.25	8	inc	c	no	severe	NO	T	nil	EMLSCS	SP	nil	nil	2.8	no	NO	NO
66	Shameena	19	9673	primi	30.81	6.6	inc	c	INSULIN	nil	NO	T	nil	EMLSCS	FD	nil	nil	3.6	no	GDM	NO
67	Kavitha	24	10820	primi	30.75	7	inc	c	MEALPLA	nil	NO	T	nil	EMLSCS	FD	nil	nil	3.7	yes	GDM	NO

									N												
68	Sasikala	35	10515	F2P1L1	34.13	7.5	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
69	Dowlath	22	10500	G3P2L1	33.78	7.8	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.8	no	NO	NO
70	Shabana fathima	25	10871	primi	30.81	7.2	inc	c	no	nil	NO	T	OA	IVD	nil	nil	nil	3.4	no	NO	NO
71	Zeenath fathima	23	7259	G3P2L2	33.46	7.4	inc	c	no	mild	NO	T	OI	EMR LSCS	PREV LSCS	nil	nil	3.6	no	NO	NO
72	Sasikala	26	7763	primi	32	6.8	inc	c	no	mild	NO	PT	nil	EM LSCS	FD	nil	nil	2.8	yes	PT	NO
73	Hepzibah	24	8568	G2P1L1	31.24	6.5	inc	c	no	nil	NO	PT	nil	EMR LSCS	PREV LSCS	nil	nil	2.8	yes	PT	NO
74	Kamala	26	8380	primi	30.13	8	inc	c	no	mild	NO	T	OI	EM LSCS	CPD	DP	nil	3.8	no	NO	NO
75	Shahira banu	29	8954	G3P2L2	32.89	8.2	inc	c	no	nil	NO	T	OA	LN	nil	nil	nil	3.75	no	NO	NO
76	Saranya	20	8916	primi	30.09	7.8	inc	c	no	nil	NO	T	nil	EM LSCS	CPD	nil	nil	4	yes	MAS	NO
77	Priyadarshini	20	9289	primi	30.85	8.8	inc	c	no	nil	NO	T	OI	LN	nil	nil	nil	3.5	no	NO	NO
78	Sasikala	25	9191	primi	34.92	7	inc	c	no	mild	NO	T	OA	EM LSCS	CPD	DP	nil	3.4	yes	MAS	NO
79	Gomathi	28	21011	G2P1L1	31.24	7.5	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.6	no	NO	NO
80	Indira	28	12317	G3P2L2	35.49	7.8	inc	c	INSULIN	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.9	yes	GDM	NO
81	Shakila	32	21010	G3P2L1	32.43	7.2	inc	c	no	nil	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.6	no	NO	NO
82	pushphalatha	24	20651	G3P1L1A1	43.27	7.4	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
83	Praveena	23	20464	G3p1l1A2	33.73	6.8	inc	c	INSULIN	nil	NO	T	nil	EL LSCS	PREV LSCS	nil	nil	3.9	yes	GDM	NO
84	Uma maheswari	24	20673	G4P2L1A1	43.28	6.5	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.4	no	NO	NO
85	Shanthi	30	20901	G2A1	31.83	8	inc	c	no	mild	YES	T	OA	EM LSCS	FD	DP	nil	3.5	yes	MAS	NO
86	Ashin sultana	27	20603	G2P1L1	34.23	6.6	inc	c	no	severe	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.6	no	NO	NO
87	Manimegalai	21	18879	primi	30.91	7	inc	c	no	nil	YES	T	OA	LN	nil	nil	nil	3.4	no	NO	NO
88	Bhavani	23	20756	G2P1L1	30.31	7.5	inc	c	no	mild	YES	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
89	Devi	26	3521	G2P1L1	31.24	7.8	inc	c	MEAL PLAN	mild	NO	T	nil	EM LSCS	PREV LSCS	nil	nil	3.8	yes	GDM	NO
90	Thuya mary	22	3927	primi	32.43	7.2	inc	c	no	mild	NO	T	OI	EM LSCS	CPD	nil	nil	3.75	no	NO	NO
91	Indhumathi	20	3935	primi	30.13	7.4	inc	c	no	severe	NO	T	GI	EM LSCS	SP	nil	PPH	3.5	no	NO	NO
92	Dilsath begam	18	3878	primi	31.25	6.8	inc	c	no	mild	NO	T	GI	EM LSCS	FD	nil	nil	3.2	yes	MAS	NO
93	Radhika	25	4214	primi	31.83	6.5	inc	c	no	nil	NO	T	nil	IVD	nil	nil	nil	3.8	yes	MAS	NO
94	Rajani	21	4242	G3P1L1A1	30.85	8	inc	c	no	severe	NO	PT	nil	EM LSCS	SP	nil	nil	1.5	yes	NO	YES
95	Nazeera begam	26	4456	primi	32.43	8.2	inc	b	no	mild	NO	T	nil	EM LSCS	BREECH	nil	nil	3.9	no	NO	NO
96	Prabha	31	4665	G5P1L1A2	32.89	7.8	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.4	no	NO	NO
97	Sangeetha	27	4850	G2P1L1	31.24	7.2	inc	c	no	mild	NO	T	nil	LN	nil	nil	nil	3.5	no	NO	NO
98	Amalya	27	5278	G2P1L1	30.31	7.4	inc	c	INSULIN	nil	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.9	yes	GDM	NO
99	Saritha	29	6171	G2P1L1	32.43	6.8	inc	c	no	nil	NO	T	nil	IVD	nil	nil	nil	3.4	no	NO	NO
100	Sumathy	24	5443	primi	31.25	6.5	inc	c	no	mild	NO	T	nil	LN	nil	nil	nil	3.5	no	NO	NO
101	Soundarya	29	15495	G3P2L2	33.44	8	inc	c	no	mild	NO	T	nil	EM LSCS	PREV LSCS	nil	nil	3.6	yes	MAS	NO
102	Amirtha	24	15893	primi	32.02	7.3	inc	c	no	mild	NO	PT	nil	EM LSCS	FD	nil	nil	2.56	yes	PT	NO

103	Indira	26	15863	G2P1L1	31.23	7.6	inc	c	no	nil	NO	PT	nil	EMR LSCS	PREV LSCS	nil	nil	2.7	yes	PT	NO
104	Nalini	25	15775	primi	30.12	7.8	inc	c	no	mild	NO	T	OI	EM LSCS	CPD	DP	nil	3.8	no	NO	NO
105	Annammal	31	16772	G3P2L2	32.88	6.9	inc	c	no	nil	NO	T	OA	LN	nil	nil	nil	3.75	no	NO	NO
106	Vanitha	23	16072	primi	30.06	7.7	inc	c	no	nil	NO	T	nil	EM LSCS	SP	nil	nil	3.5	no	NO	NO
107	Stella	22	14813	primi	30.85	7.2	inc	c	no	nil	NO	T	OI	LN	nil	nil	nil	3.4	no	NO	NO
108	Kalavathy	23	15991	primi	34.92	6.6	inc	c	no	mild	NO	T	OA	EM LSCS	CPD	DP	nil	3.5	no	NO	NO
109	Annapoorani	28	16074	G2P1L1	31.24	7	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.8	no	NO	NO
110	Usha	30	16026	G3P2L2	35.39	7.5	inc	c	INSULIN	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.75	yes	GDM	NO
111	Parvathy	31	12389	G3P2L1	32.23	7.8	inc	c	no	nil	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
112	Faizunisha	26	15859	G3P1L1A1	43.27	7.2	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	2.56	no	NO	NO
113	Jayavani	25	34648	G3p1l1A3	33.74	7.4	inc	c	INSULIN	nil	NO	T	nil	EL LSCS	PREV LSCS	nil	nil	3.4	yes	GDM	NO
114	Kalaiyarasi	26	16063	G4P2L1A1	43.23	6.8	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.6	no	NO	NO
115	Ramya	30	16154	G2A1	31.83	6.5	inc	c	no	mild	YES	T	OA	EM LSCS	FD	DP	nil	3.4	no	NO	NO
116	Kumari	28	12643	G2P1L1	34.22	8	inc	c	no	severe	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
117	Kowsiafathima	23	16275	primi	30.91	8.2	inc	c	no	nil	YES	T	OA	LN	nil	nil	nil	3.8	no	NO	NO
118	Ameena	25	16238	G2P1L1	30.32	7.8	inc	c	no	mild	YES	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.75	no	NO	NO
119	Veeralakshmi	27	13245	G2P1L1	31.23	7.2	inc	c	MEAL PLAN	mild	NO	T	nil	EM LSCS	PREV LSCS	nil	nil	3.5	yes	GDM	NO
120	Saraswathy	24	12432	primi	32.44	7.4	inc	c	no	mild	NO	T	OI	EM LSCS	CPD	nil	nil	3.4	yes	MAS	NO
121	Shanthy	29	15431	G2P1L1	32.84	6.8	inc	c	NO	mild	NO	T	OA	LN	nil	nil	RP	3.5	no	NO	NO
122	Vasantha	28	14563	primi	33.22	6.5	inc	c	no	mild	NO	T	OA	EM LSCS	CPD	nil	nil	3.8	yes	MAS	NO
123	Kala	23	14556	G2P1L1	31.24	8	inc	c	NO	mild	NO	PT	nil	ELR LSCS	PREV LSCS	nil	nil	2.4	yes	PT	NO
124	Vasanthi	30	14356	G2P1L1	32.83	7.3	inc	t	INSULIN	nil	NO	T	nil	ELR LSCS	TRAN	nil	nil	3.5	yes	GDM	NO
125	Sargunam	23	14568	primi	32.06	7.6	inc	c	no	mild	NO	T	OA	EM LSCS	CPD	nil	nil	3.9	no	NO	NO
126	Gandhimathi	26	13456	primi	30.65	7.8	inc	c	no	mild	NO	T	GI	EM LSCS	FD	nil	nil	3.6	no	NO	NO
127	Chinna kulanthai	28	13556	G3P1L1A1	37.45	6.9	inc	c	NO	severe	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.6	no	NO	NO
128	Thara	25	15234	G2P1L1	37.52	7.7	inc	c	INSULIN	mild	NO	T	OA	LN	nil	nil	nil	3.4	no	NO	YES
129	Hemavathy	30	9884	G2P1L1	31.63	7	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
130	Manjula	32	9644	G2P1L1	40.33	7.5	inc	c	no	severe	NO	PT	nil	EMR LSCS	PREV LSCS	nil	nil	2.9	yes	PT	NO
131	mohana	26	9654	G2P1L1	32.22	7.8	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.9	no	NO	NO
132	Jeyabharathi	31	9002	primi	35.34	7.2	inc	c	no	severe	NO	T	nil	EM LSCS	SP	nil	nil	3.4	no	NO	NO
133	Nagavalli	30	9024	G2P1L1	32.04	7.4	inc	c	no	severe	NO	PT	nil	EMR LSCS	PREV LSCS	nil	nil	3	yes	PT	NO
134	Leela	20	9134	primi	34.09	6.8	inc	c	no	severe	NO	PT	nil	EM LSCS	SP	nil	nil	3	yes	NO	YES
135	Amsaveni	22	9255	primi	31.35	6.5	inc	c	no	severe	NO	T	nil	EM LSCS	SP	nil	nil	3.4	no	NO	NO
136	Kaveri	19	9348	primi	30.83	8	inc	c	INSULIN	nil	NO	T	nil	EM LSCS	FD	nil	nil	3.5	no	NO	YES
137	Jothi	24	9031	primi	30.75	8.2	inc	c	MEAL PLAN	nil	NO	T	nil	EM LSCS	FD	nil	nil	3.8	yes	GDM	NO
138	Najeemabee	35	9668	G2P1L1	34.13	7.8	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.75	no	NO	NO

139	Ammu	22	9363	G3P2L1	33.68	7.2	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
140	Kanmani	25	9464	primi	30.82	7.4	inc	c	no	nil	NO	T	OA	IVD	nil	nil	nil	3.8	no	NO	NO
141	Preethi	21	9534	primi	30.23	6.8	inc	c	no	severe	NO	T	nil	EM LSCS	SP	nil	PPH	3.4	no	NO	NO
142	Brindha	19	9678	primi	31.23	6.5	inc	c	no	mild	NO	T	GI	EM LSCS	FD	nil	nil	3.6	yes	MAS	NO
143	Padmavathy	26	9782	primi	31.84	8	inc	c	no	nil	NO	T	OI	IVD	nil	nil	nil	3.7	yes	MAS	NO
144	vasantha	23	9456	G3P1L1A1	30.65	7.3	inc	c	no	severe	NO	PT	nil	EM LSCS	SP	nil	nil	2.7	yes	NO	YES
145	Manonmani	25	16079	primi	32.42	7.6	inc	c	no	mild	NO	T	nil	EM LSCS	CPD	nil	nil	3.5	no	NO	NO
146	Saroja	32	16143	G5P1L1A2	32.88	7.8	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.9	yes	MAS	NO
147	Vijaya	28	16474	G2P1L1	31.22	6.9	inc	c	no	mild	NO	T	GI	LN	nil	nil	nil	3.4	no	NO	NO
148	Parimala	29	16368	G2P1L1	30.33	7.7	inc	c	INSULIN	nil	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	yes	GDM	NO
149	Sulochana	28	15884	G2P1L1	32.42	7.5	inc	c	no	nil	NO	T	OI	IVD	nil	nil	nil	3.6	no	NO	NO
150	Malar	23	16255	primi	31.22	7.8	inc	c	no	mild	NO	T	GI	LN	nil	nil	nil	2.8	no	NO	NO
151	Jagadeeswari	27	12855	primi	34.64	7.2	inc	c	no	mild	NO	T	OI	EM LSCS	CPD	DP	nil	3.6	no	NO	NO
152	Kantha	31	12859	G2P1L0	32.28	7.4	inc	c	INSULIN	nil	NO	T	nil	EL LSCS	PREV LSCS	nil	nil	3.7	yes	GDM	NO
153	Palaniammal	23	12857	primi	32.44	6.8	inc	c	MEAL PLAN	mild	NO	T	OA	EM LSCS	FI	DP	nil	3.5	yes	GDM	NO
154	Panchali	24	11269	G2P1L1	30.82	6.5	inc	c	MEAL PLAN	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.8	yes	GDM	NO
155	Vedavalli	25	12375	G2P1L1	30.84	8	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.4	no	NO	NO
156	Poongodi	30	13463	G5P2L2A2	34.24	8.2	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3	no	NO	NO
157	Nisha	28	12854	G2P1L1	31.22	7.8	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.2	no	NO	NO
158	Munniyammal	26	13840	primi	32.44	7.2	inc	c	no	mild	NO	T	GI	EM LSCS	FI	DP	nil	3.7	no	NO	NO
159	Kasiammal	27	13808	G2P1L1	36.92	7.4	inc	b	INSULIN	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.4	yes	GDM	NO
160	Thilaga	28	13236	primi	33.33	6.8	inc	c	no	mild	NO	T	nil	EM LSCS	CPD	nil	nil	3.5	no	NO	NO
161	Jothi	24	13333	G2P1L1	34.76	6.5	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.8	yes	MAS	NO
162	Mithra	25	13392	G2P1L1	33.43	8	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.75	no	NO	NO
163	Srividhya	25	12360	G2P1L1	31.23	7.3	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.5	no	NO	NO
164	Kamatchi	25	14231	G3p1l1A5	31.24	7.6	inc	b	no	mild	NO	T	nil	EM LSCS	BREECH	nil	nil	3.8	no	NO	NO
165	Vennila	27	14316	G3P2L2	32.06	7.8	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.4	no	NO	NO
166	Meenambigai	35	14323	G3P1L1A1	31.43	6.9	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
167	Pushpharani	27	14108	G3P2L2	32.03	7.7	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.6	no	NO	NO
168	Thennarasi	41	14215	G4p1L1A2	32.89	7	inc	c	MEAL PLAN	nil	NO	T	nil	ELR LSCS	PREV LSCS	nil	nil	3.5	yes	GDM	NO
169	Sara	31	14727	primi	37.83	7.5	inc	c	no	mild	NO	T	nil	EM LSCS	FD	nil	nil	3.5	yes	MAS	NO
170	Yasodha	19	14320	G4P1L1A2	33.77	7.8	inc	c	NO	nil	NO	T	OA	LN	nil	nil	nil	3.5	no	NO	NO
171	Sharmila	21	14317	primi	34.24	7.2	inc	c	no	mild	NO	PT	nil	EM LSCS	SP	nil	nil	2.8	yes	PT	NO
172	Hemalatha	30	15770	primi	31.23	7.4	inc	c	INSULIN	nil	NO	T	nil	EL LSCS	CPD	nil	nil	3.9	yes	GDM	NO
173	Muthulakshmi	31	14799	G4p1L1A2	41.88	6.8	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.6	no	NO	NO
174	Seetha	28	14395	G2P1L1	32.84	6.5	inc	c	no	mild	YES	T	GI	LN	nil	nil	nil	3.8	n	NO	N

																			o		O
175	Vanaja	34	14732	G3P1L1A1	34.16	8	inc	c	no	nil	NO	T	OA	LN	nil	nil	PPH	3.6	no	NO	NO
176	Mala	23	15272	G3P1L1A1	37.38	8.2	inc	c	no	severe	NO	T	nil	EM LSCS	PREV LSCS	nil	nil	3.7	no	NO	NO
177	Nirosha	21	15407	primi	31.16	7.8	inc	c	no	severe	NO	PT	nil	EM LSCS	CPD	nil	nil	2.8	yes	PT	NO
178	devanai	25	15717	G2P1L1	30.43	7.2	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.8	no	NO	NO
179	Sugumari	22	15700	primi	30.34	7.4	inc	c	no	mild	NO	T	OI	EM LSCS	FD	nil	nil	3.4	no	NO	NO
180	Unnamalai	28	15789	primi	34.94	6.8	inc	c	no	nil	NO	PT	nil	EM LSCS	FD	nil	nil	1.5	yes	PT	NO
181	Ambiga	22	16227	primi	31.26	6.5	inc	c	no	mild	NO	T	nil	EM LSCS	CPD	DP	nil	3.9	no	NO	NO
182	Subhashree	21	16254	primi	34.64	8	inc	c	no	mild	NO	T	OI	EM LSCS	FD	DP	nil	3.8	no	NO	NO
183	Karpagam	24	15724	primi	36.78	7.3	inc	c	no	mild	NO	T	nil	EM LSCS	CPD	nil	nil	3.7	no	NO	NO
184	Abitha	30	17119	G3P1L1A1	30.74	7.6	inc	c	no	severe	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
185	Akila	31	17195	G2P1L1	42.22	7.8	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.9	no	NO	NO
186	Anuradha	22	16938	primi	30.33	6.9	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.4	no	NO	NO
187	Chitra	23	17702	G2P1L1	31.54	7.7	inc	c	no	nil	NO	PT	nil	LN	nil	nil	nil	2.56	yes	PT	NO
188	Aruna	25	17432	G3P1L1A1	33.28	7.5	inc	c	no	mild	NO	T	GI	LN	nil	nil	nil	3.6	no	NO	NO
189	Jamuna	24	16624	primi	35.12	7.8	inc	c	no	mild	NO	T	OI	LN	nil	nil	nil	3.8	no	NO	NO
190	Ganga	37	16930	G3P2L1	31.28	7.2	inc	c	No	nil	NO	T	GI	LN	nil	nil	nil	3.6	no	NO	NO
191	Sasikumari	28	18654	G5PILIA3	31.33	7.4	inc	c	NO	nil	YES	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.7	no	NO	NO
192	Jancy	26	18343	G2P1L1	32.44	6.8	inc	c	NO	mild	NO	T	OA	LN	nil	nil	nil	3.5	no	NO	NO
193	Madhumidha	27	18841	G3P1L1A1	33.28	6.5	inc	c	NO	severe	NO	T	nil	EM LSCS	SP	nil	nil	3	no	NO	NO
194	Jasmine	25	18882	G2P1L1	36.58	8	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.4	no	NO	NO
195	meera	23	18454	primi	32.44	8.2	inc	c	no	mild	NO	T	OI	EM LSCS	FI	DP	nil	3.5	no	NO	NO
196	Lalitha	25	19450	primi	36.32	7.7	inc	c	no	mild	NO	T	OI	EM LSCS	CPD	nil	nil	3.9	yes	MAS	NO
197	Saradha	29	18333	G6P1L1A4	30.36	7.5	inc	c	NO	NIL	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.4	no	NO	NO
198	Pradeepa	28	19428	G4P1L0A2	34.52	7.8	inc	c	no	nil	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
199	Princy	31	13456	G3P1L1A1	32.88	7.2	inc	c	no	nil	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.6	no	NO	NO
200	Menaka	27	19843	G2P1L1	31.08	7.4	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.7	no	NO	NO
201	Prema	22	2320	primi	30.111	7.8	inc	c	no	severe	NO	T	GI	EM LSCS	SP	nil	PPH	3.6	no	NO	NO
202	Raji	20	2323	primi	31.22	7.2	inc	c	no	mild	NO	T	GI	EM LSCS	FD	nil	nil	3.7	yes	MAS	NO
203	Sheela	23	1940	primi	31.81	7.4	inc	c	no	nil	NO	T	nil	IVD	nil	nil	nil	3.5	no	NO	NO
204	Surekha	25	2314	G3P1L1A1	30.83	6.8	inc	c	no	severe	NO	PT	nil	EM LSCS	SP	nil	nil	2.7	yes	PT	NO
205	jayashree	24	2312	primi	32.41	6.5	inc	c	no	mild	NO	T	nil	EM LSCS	CPD	nil	nil	3.8	no	NO	NO
206	Sundari	33	2321	G5P1L1A2	32.87	8	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	4	yes	MAS	NO
207	Habitha	29	1931	G2P1L1	31.24	7.3	inc	c	no	mild	NO	T	GI	LN	nil	nil	nil	3.77	no	NO	NO
208	Adilakshmi	29	2765	G2P1L1	30.29	7.6	inc	c	INSULIN	nil	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.7	yes	GDM	NO
209	Thulasi	30	2071	G2P1L1	32.43	7.8	inc	c	no	nil	NO	T	OA	IVD	nil	nil	nil	3.5	no	NO	NO
210	Karkuzhali	26	3222	primi	31.25	6.9	inc	c	no	mild	NO	T	GI	LN	nil	nil	nil	3.66	no	NO	NO
211	Kayalvizhi	31	3277	G3P2L1	32.43	7.7	inc	c	no	nil	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.4	no	NO	NO

212	Ponni	26	3234	G3P1L1A1	43.24	7.4	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.6	no	NO	NO
213	Pugalmathi	25	9932	G3p1l1A4	33.73	6.6	inc	c	INSULIN	nil	NO	T	nil	EM LSCS	PREV LSCS	nil	nil	3.9	yes	GDM	NO
214	venmathi	26	9852	G4P2L1A1	43.26	7	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.9	no	NO	NO
215	Deepa	31	10002	G2A1	31.85	7.5	inc	c	no	mild	YES	T	OA	EM LSCS	FD	DP	nil	3.4	no	NO	NO
216	Devaki	29	10034	G2P1L1	34.25	7.8	inc	c	no	severe	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
217	Elamathi	23	10168	primi	30.93	7.2	inc	c	no	nil	YES	T	OA	LN	nil	nil	nil	3.6	no	NO	NO
218	Bharathi	25	10179	G2P1L1	30.33	7.4	inc	c	no	mild	YES	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
219	Suganthi	28	10275	G2P1L1	31.26	6.8	inc	c	MEAL PLAN	mild	NO	T	nil	EM LSCS	PREV LSCS	nil	nil	3.6	yes	GDM	NO
220	Surya	24	10306	primi	32.45	6.5	inc	c	no	mild	NO	T	OI	EM LSCS	CPD	nil	nil	3.7	yes	MAS	NO
221	Umadevi	28	10329	G2P1L1	32.32	9.8	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
222	Nithya	29	10471	primi	35.33	9	inc	c	no	severe	NO	T	nil	EM LSCS	SP	nil	nil	3.8	no	NO	NO
223	Gomathy	29	10511	G2P1L1	32.03	8.9	inc	c	no	severe	NO	PT	nil	EMR LSCS	PREV LSCS	nil	nil	2.4	yes	PT	NO
224	Yamuna	21	10527	primi	34.19	9.8	inc	c	no	severe	NO	PT	nil	EM LSCS	SP	nil	nil	2.9	yes	PT	NO
225	Rani	25	10645	primi	31.25	9.3	inc	c	no	severe	NO	T	nil	EM LSCS	SP	nil	nil	3.4	no	NO	NO
226	Poonkuzhali	21	10590	primi	30.81	9.7	inc	c	INSULIN	nil	NO	T	nil	EM LSCS	FD	nil	nil	3.4	yes	GDM	NO
227	Suba	26	10780	primi	30.75	7.6	inc	c	MEAL PLAN	nil	NO	T	nil	EM LSCS	FD	nil	nil	3.5	yes	GDM	NO
228	Umarani	33	10855	G2P1L1	34.13	6.6	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.6	no	NO	NO
229	Ponmozhi	24	10805	G3P2L1	33.78	7	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
230	Nageswari	27	10839	primi	30.81	7.5	inc	c	no	nil	NO	T	OA	IVD	nil	nil	nil	3.6	no	NO	NO
231	Indhupriya	25	10904	G3P2L2	33.46	7.8	inc	c	no	mild	NO	T	nil	EM LSCS	PREV LSCS	nil	nil	3.7	yes	MAS	NO
232	Bargavi	28	10932	primi	32	7.2	inc	c	no	mild	NO	PT	nil	EM LSCS	FD	nil	nil	3	yes	PT	NO
233	Kalaiselvi	26	10398	G2P1L1	31.24	7.4	inc	c	no	mild	NO	PT	nil	EMR LSCS	PREV LSCS	nil	nil	3	yes	PT	NO
234	Muthuselvi	28	11105	primi	30.13	6.8	inc	c	no	mild	NO	T	OI	EM LSCS	FI	DP	nil	3.4	no	NO	NO
235	Cathirin	31	11235	G3P2L2	32.89	6.5	inc	c	no	nil	NO	T	OA	LN	nil	nil	nil	3.5	no	NO	NO
236	kalaivani	22	11283	primi	30.09	8	inc	c	no	nil	NO	T	nil	EM LSCS	CPD	nil	nil	3.9	no	NO	NO
237	Reeta	22	11343	primi	30.85	8.2	inc	c	no	nil	NO	T	OI	LN	nil	nil	nil	3.6	no	NO	NO
238	Vanaja	23	11465	primi	34.92	6.8	inc	c	no	mild	NO	T	OA	EM LSCS	FI	DP	nil	3.5	yes	MAS	NO
239	Asha	30	11534	G2P1L1	31.24	8	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.9	no	NO	NO
240	Sabitha	30	11655	G3P2L2	35.49	8.7	inc	c	INSULIN	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.4	yes	GDM	NO
241	Ponlakshmi	26	11902	G2P1L1	32.89	9	inc	c	NO	mild	NO	T	OA	LN	nil	nil	RP	3.5	no	NO	NO
242	Girija	29	11865	primi	33.29	7.8	inc	c	no	mild	NO	T	OA	EM LSCS	CPD	nil	nil	3.6	yes	MAS	NO
243	Punitha	24	11777	G2P1L1	31.14	7.2	inc	c	NO	mild	NO	PT	nil	ELR LSCS	PREV LSCS	nil	nil	2.7	yes	PT	NO
244	Sabeena	28	11623	G2P1L1	32.81	7.4	inc	t	INSULIN	nil	NO	T	nil	ELR LSCS	TRAN	nil	nil	3.6	yes	GDM	NO
245	Prarthana	25	11403	primi	32.04	6.8	inc	c	no	mild	NO	T	nil	EM LSCS	CPD	nil	nil	3.7	no	NO	NO
246	Aarthi	29	12008	primi	30.66	6.5	inc	c	no	mild	NO	T	nil	EM LSCS	FD	nil	nil	3.5	yes	MAS	NO
247	Manju	29	12398	G3P1L1A1	37.46	8	inc	c	NO	severe	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.8	no	NO	NO

248	Narmadha	26	12233	G2P1L1	37.5	7.3	inc	c	INSULIN	mild	NO	T	OA	LN	nil	nil	nil	3.4	yes	GDM	NO
249	Meenakumari	28	12893	G2P1L1	31.73	7.6	inc	c	no	nil	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.8	no	NO	NO
250	Umashanthi	31	12356	G2P1L1	40.37	7.8	inc	c	no	severe	NO	PT	nil	EMR LSCS	PREV LSCS	nil	nil	2.8	yes	PT	NO
251	Pothumponnu	24	12456	primi	34.22	6.9	inc	c	no	severe	NO	PT	nil	EM LSCS	SP	nil	nil	2.8	yes	PT	NO
252	Mangalam	28	12445	primi	31.2	7.7	inc	b	INSULIN	nil	NO	T	nil	EM LSCS	BREECH	nil	nil	3.8	yes	GDM	NO
253	Sindhu	30	13234	G4p1L1A2	41.86	7.5	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.6	no	NO	NO
254	Sivagami	25	13334	G2P1L1	32.88	7.8	inc	c	no	mild	YES	T	GI	LN	nil	nil	nil	3.5	no	NO	NO
255	Banumathi	33	13456	G3P1L1A1	34.15	7.2	inc	c	no	nil	NO	T	OA	LN	nil	nil	PPH	3.6	no	NO	NO
256	Manohari	26	13567	G3P1L1A1	37.39	7.4	inc	c	no	severe	NO	T	nil	EM LSCS	PREV LSCS	nil	nil	3.7	no	NO	NO
257	sakthi	22	13687	primi	31.18	6.8	inc	c	no	severe	NO	PT	nil	EM LSCS	CPD	nil	nil	3	yes	PT	NO
258	Vanathy	28	13893	G2P1L1	30.4	6.5	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.8	no	NO	NO
259	Seethalakshmi	23	13998	primi	30.35	8	inc	c	no	mild	NO	T	OI	EM LSCS	FD	nil	nil	3.4	yes	MAS	NO
260	Renuka	29	14234	primi	34.96	7.3	inc	c	no	nil	NO	PT	nil	EM LSCS	FD	nil	nil	2.4	yes	PT	NO
261	Kala	29	12345	G5PILIA3	31.34	7.6	inc	c	NO	nil	YES	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
262	Ranjithkumari	27	14568	G2P1L1	32.45	7.8	inc	c	NO	mild	NO	T	OA	LN	nil	nil	nil	3.9	no	NO	NO
263	Mythili	28	14123	G3P1L1A1	33.29	6.9	inc	c	NO	severe	NO	T	nil	EM LSCS	SP	nil	nil	3	no	NO	NO
264	Vijayakumari	26	14096	G2P1L1	36.57	7.7	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
265	Kannagi	24	14012	primi	32.46	7.3	inc	c	no	mild	NO	T	OI	EM LSCS	FI	DP	nil	3.6	no	NO	NO
266	Chinnathai	26	14502	primi	36.31	6.9	inc	c	no	mild	NO	T	OI	EM LSCS	FI	nil	nil	3.5	no	NO	NO
267	Alaghumathi	29	14623	G6P1L1A4	30.38	6.8	inc	c	NO	NIL	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.6	no	NO	NO
268	Vanishree	28	14823	G4P1L0A2	34.51	8.6	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.7	no	NO	NO
269	Rukmani	33	14689	G3P1L1A1	32.87	8.4	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.9	no	NO	NO
270	Metilda	26	14789	G2P1L1	31.07	9	inc	c	no	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.8	no	NO	NO
271	Jeyarani	26	14723	primi	33.32	8.8	inc	c	no	mild	NO	T	nil	EM LSCS	CPD	nil	nil	3.8	no	NO	NO
272	Soundaram	25	14801	G2P1L1	34.66	6.6	inc	c	NO	nil	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.55	no	NO	NO
273	Ramalakhsmi	26	14890	G2P1L1	33.33	7	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.3	no	NO	NO
274	Anbarasi	28	14989	G2P1L1	31.13	7.5	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.2	no	NO	NO
275	Murugalaksmi	33	15954	G3p1l1A6	31.14	7.8	inc	b	no	mild	NO	T	nil	EM LSCS	BREECH	nil	nil	3.4	no	NO	NO
276	Sheeba	28	15963	G3P2L2	32.04	7.2	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.4	no	NO	NO
277	Poorani	40	15888	G3P1L1A1	31.63	7.4	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.5	no	NO	NO
278	Mangai	30	15123	G3P2L2	32	6.8	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.9	no	NO	NO
279	Malini	28	15111	G4p1L1A2	32.889	6.5	inc	c	MEAL PLAN	nil	NO	T	nil	ELR LSCS	PREV LSCS	nil	nil	3.4	yes	GDM	NO
280	Jannet	22	15302	primi	37.83	8	inc	c	no	mild	NO	T	nil	EM LSCS	FD	nil	nil	3.5	yes	MAS	NO
281	Dhanam	23	15402	primi	31.16	8.2	inc	c	no	mild	NO	T	nil	EM LSCS	CPD	DP	nil	3.8	no	NO	NO
282	Angammal	22	15754	primi	34.66	7	inc	c	no	mild	NO	T	OI	EM LSCS	FD	DP	nil	3.4	no	NO	NO
283	Thangam	25	15800	primi	36.79	6.9	inc	c	MEAL PLAN	mild	NO	T	nil	EM LSCS	CPD	nil	nil	3.7	yes	GDM	NO

284	Noornisha	33	15602	G3P1L1A1	30.75	6.5	inc	c	NO	severe	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.7	no	NO	NO
285	Meharoon	30	15543	G2P1L1	42.32	8	inc	c	NO	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.9	no	NO	NO
286	Kumudha	24	15661	primi	30.35	8.8	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.4	no	NO	NO
287	Emili	26	15223	G2P1L1	31.55	6.9	inc	c	no	nil	NO	PT	nil	LN	nil	nil	nil	3	yes	PT	NO
288	Farithabegam	27	15789	G3P1L1A1	33.29	8.8	inc	c	no	mild	NO	T	GI	LN	nil	nil	nil	3.5	no	NO	NO
289	Badurunisha	25	15345	primi	35.11	7.2	inc	c	no	mild	NO	T	OI	LN	nil	nil	nil	3.5	no	NO	NO
290	Mariambeevi	35	15678	G3P2L1	31.29	7	inc	c	No	mild	NO	T	GI	LN	nil	nil	nil	3.4	no	NO	NO
291	Babitha	24	15289	primi	34.66	6.8	inc	c	no	mild	NO	T	OI	EM LSCS	CPD	DP	nil	3.7	yes	MAS	NO
292	Kokila	25	15123	G2P1L0	32.29	6.6	inc	c	INSULIN	nil	NO	T	nil	EM LSCS	PREV LSCS	nil	nil	3.9	yes	GDM	NO
293	Ramani	24	15432	primi	32.45	7	inc	c	MEAL PLAN	mild	NO	T	OA	EM LSCS	FI	DP	nil	3.5	yes	GDM	NO
294	Balakumari	32	15232	G2P1L1	30.84	7.5	inc	c	MEAL PLAN	mild	NO	T	nil	EMR LSCS	PREV LSCS	nil	nil	3.6	yes	GDM	NO
295	Indhu	23	6320	G3p1l1A7	30.91	7.8	inc	b	no	mild	NO	T	nil	EM LSCS	BREEC H	nil	nil	3.5	yes	MAS	NO
296	Jayasheeli	33	6384	G2A1	32.03	7.2	inc	c	NO	nil	NO	T	OI	EM LSCS	FI	nil	nil	3.5	no	NO	NO
297	mangayarkarasi	26	6817	primi	32	7.4	inc	c	no	severe	NO	T	nil	EM LSCS	SP	nil	nil	2.8	yes	PT	NO
298	Rani	33	6827	primi	31.33	6.8	inc	c	no	mild	NO	T	OA	LN	nil	nil	nil	3.4	no	NO	NO
299	Parveen sultana	23	6746	primi	32.43	6.5	inc	c	no	mild	YES	T	OA	LN	nil	nil	nil	3.3	no	NO	NO
300	Vaijeyanthi	39	6989	primi	31.33	8	inc	c	no	mild	NO	T	nil	EL LSCS	CPD	nil	nil	3.2	no	NO	NO

KEY TO MASTER CHART

inc – Increasing

c – Cephalic

b – Breech

tran – transverse lie

T –Term

PT – Preterm

GI – PGE_2 gel induction

OI – Oxytocin induction

OA – Oxytocin acceleration

LN – Labour natural

IVD – Intrumental vaginal delivery

EL LSCS – Elective LSCS

ELR LSCS – Elective repeat LSCS

EM LSCS – Emergency LSCS

EMR LSCS – Emergency repeat LSCS

SP – Severe preeclampsia

CPD – Cephalopelvic disproportion

FD – Fetal distress

FI – Failed induction

DP- Delay in progress

RP- Retained placenta